infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	120
n of nould	County Aslance	Registration Dist. No. 132
item show	Village or City Middlelbron	MoSt, War death occurred in a hospital or institution, give its NAME instead of street and number)
. 70	Length of residence in city or town where death occurredyrs,mos.	
ND. Every	2. FULL NAME Joshua Dawson (Chall
D. SI	(a) Residence: No.	St., Ward. If nonresident give city or town and State
Je64 F	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. 60LOB OR MACE / 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
EX	Male White Washington	(Month) (Oay) (Year)
NDING RMANEN X A C T I classified.	5a. If married, widowed, or divorced RUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
X A A A A A A A A A A A A A A A A A A A	xunce of church	Jan 10, 1933, 10 Jan 22, 1933
PEI B	6. DATE OF BIRTH (month, day, and year)	Harkaw h. All alive on Jan (22, 1933; death is sai
FUR B. IS A PE stated E properly certificate	7. AGE Years Months Days If Likes than 1 dey,hrs.	to flave occurred on the date states above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
IS IS star	9 Trade profession or particular	were as follows: Oate of onse
HIS be be of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
LTF ould may back	9. Industry or business in which	arteris - Sclerosis.
	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
5 E M + 0	10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
KENNG IN AGE that that ions o	middletain)	Other Contributory Causes of importance:
I. DIII	12. BIRTHPLACE (city or town)	
NFADING NFADING pplied. AGI erms, so tha instructions	13. NAME Mathias Chaff	
S C H C P	13. NAME // athias (half)	Name of operation
70	(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
W efully in pla	15. MAIOEN NAME Chacle Syptyhan	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
N S S	(State or country)	Where did injury occur?(Specify city or town, county and State)
PLAINLY fuld be ear IF DEATH ery impor	17. INFORMANT ALL LAND AND CONTROL OF THE CONTROL O	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
402	18. BURIAL CREMATION, OR REMOVAL MAIN detown	Manner of injury
WRITE lation s AUSE TON is	Plage uther ameles pate frind as 199 3	Nature of injury
WRITE mation si CAUSE TION is	19. UNOERTAKER Color Manager Manager	24. Was disease or injury In any wey related to occupation of deceased?
B. I	(Address) Meddletown Md.	If so, specify (Signed) Slave Harb M.
	20. FITTED Due 23 1933. D. Trang no Sulle	
	Registrar.	(Address) / Luna dl + Tita

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECE VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	FEE 5 133	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:	J	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1928	Gastroenteritis	1 year
ADDI	TIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN

		d)		
	nfor.	state	IPA.	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	em	noys	O.	1
	y it	S	o ji	1
	Ever	IA	emer	
	SD.	YSI	state	
	COI	PH	act	
	' RE	Υ.	Ex	
5	ENT	LL	ed.	
7	V	C	ssif	
	RM	X	cla	
ν Γ	PE	d b	erly	cate
i C	S	state	rop	ertif
1	SII	he s	pe I	of c
리 ^ 3	TH	plu	lay	ack
SET.	NK	sho	it m	n b
E E	G I	GE	hat	us c
Z	DIN	4	so t	etio
2	FA	lied	ms,	ıstrı
MA	5	ddns	ı ter	ee ir
	ITH	lly :	plain	Š
	W	refu	in	tant
	ILY,	e ca	ATH	por
	AIN	q p	DE	N III
1	PL	hou	OF	ver
V.S. No. 1	ITE	on s	SE	TION is very important. See instructions on back of certificate.
4	-WR	nati	CAL	LIO
. No.	B.	-		
	Z			

				OF MAP	RYLAND-	CERTIFICATE	OF DEATH (0505
1.	PLACE O	F DEATH	1		16,	(11:02)	, 9	1_
		ederick					Registration Dist. No. / 2	-1-
2	Length of re		or town where		20 yrsmos		St., stion, give its NAME instead of street of foreign birth?	The state of the s
		nce: No.	-	-		St., Ward.		
	(4) 1100.00				ce of abode)		If nonresident give city or town	
				ICAL PAR			ERTIFICATE OF DEATH	H
3. SI	male	4. COLOR		5. SINGLE, MA OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Jan. 5rd. (Month) (Day)	, 193. 5 (Year)
5a, I	If married, wido HUSBANO of (or) WIFE of		rine L.				CERTIFY, That I atten	£ ,1933
6. D	ATE OF BIRTH	(month, day, e	nd year)	July 11,	1873	I last saw halive on	Jak 4 , 19.	33; death is said
7. A	GE Ye	sars 59	Months 5	Days 22	1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	ed above, at 2 _ 1 5 P_m. TH and related causes of importance	Date of onset
OCCUPATION	9. Industry or work w SAW M 10. Date decea this occ	work dona, as R, BOOKKEEPE business in w as done, es SIL ILL, BANK, etc. sed last worke upation (month	hich K MILL,	11. Tota	I time (years) pant in this 20 ccupation 20	Other Contributory Causes of impo	ofremonia	Jun 2.
12.	BIRTHPLACE (c		Maryla	ınd		La Greet	d e —	
ER	13. NAME C	nristia	n T. Al	baugh.		1		
FATHER	14. BIRTHPLAC	E (city or town or country))lary	land			Dete	
ER	15. MAIDEN N	AME Vi	rginia	Shank.			uses (VIOLENCE) fill in also the follo	
MOTHER	16. BIRTHPLAC	E (city or town or country)	Mar	yland		Accident, suicide, or homicide?	Date of Injury	
17. 1	INFORMANT	Austin Freder:				Specify whether injury occurred i	(Specify city or town, county and n INOUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18.	BURIAL, CREMA					Manner of injury		
	Place 4				n - 6 19 33	- Nature of injury		
19.	UNOERTAKER . (Address)	M. R. Treder	Etchis	on & Son	Le	24. Was disease or injury in any w	vay related to occupation of deceased	mo.
20.	FILED 3	Durey, 19	33 0	raf h	necusty.	(Signed) (Address)	Indiana,	M. 0
	//		If mor	e bunks are needed	l, address State Registrar,	, 2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.	

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Example I	40, comp. 4.4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULKEU V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis Man 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
at your on State Road. Stepped out of way of one truck
and slepped between front & now wheels of another truck which
had just dumped its looked and other had body litted. Was un-
or, by rear wheels. Salw.

STATE OF MARYLAND	CERTIFICATE OF DEATH 00507
1. PLACE OF DEATH	(B2-a)
County Arederick	Registration Dist. No. 137
Village or City Sabrillasville	NoSt., War
12	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Languis Catherine	Alexander
0.10	of What Man
(a) Residence: No. Sabilla avilla (Usual place of abode)	St., Ward. Manual Land. If honresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, op fivorced HUSBAND of	
(or) WIFE of George C. alexander	22. I HEREBY CERTIFY That I ettended decessed fro
DATE OF STREET OF STREET OF STREET	I last sew h M alive on Jan 4 1933 deeth is se
5. DATE OF BIRTH (month, dey/and year) 7. AGE Years Months Devs If LESS then	to heva occurred on the dete steled above, at PilS B.m.
8 50 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	atrio sclernes about 44
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
	- Cerebral almorrhage " 2 m
10. Date deceased lest worked at this occupetion (month and year)	
be a a	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME John McClain	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Susan & Mertenbake	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Susen E. Wertenbyke	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MASS. Educa M. Shellas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thereason Date fam 7.4, 19 53	- Nature of injury
19. UNDERTAKER Millfride Ef Coreages (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Jannes G., 1933 le A Slein Registrar.	(Signed) 11119, David M. (Address) Blue Redge Summach, 12
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ogo
	\agn_	
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	, /	1111
County friday	ch ,	Registration Dist. No.
Village or City	DUDChy (1	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	leath occurredmos	sds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Kndolph	Theodore as	all
(a) Residence: No. 707	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male destination	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced	1 // 100000	
HUSBAND of Cory WIFE of Tomma 3	I Poume	HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year)	me 11th 18560	I last saw h elive on the 1), 1937; death is sald
. AGE Years Months	Days If LESS than	to have occurred on the detectated above, at 2
76 7	2 1 day,hrs.	THE RESERVE OF BERLIE OF BERLIE OF THE PERSON OF THE PERSO
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	innes in 3mble	Expellatili / Ma Elideria
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. On Date deceased lest worked at this occupation (month and	BroRD	
1 10	11. Total time (years) spent in this occupation	
Acad - Mary - 10 also-	4	Other Coutributory Causes of importance:
(State or country)		
13. NAME VICENT	and	
13. NAME VICENTY 14. BIRTHPLACE (city or town) (State or country)	nd	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Man	Basent	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
		Accident, suicide, or homicide? Date of injury, 19
E 16. BIRTHPLACE (city or town)(State or country)	nd	Where did injury occur?
17. INFORMANT Edgar & U	inld	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	- 1 -	M
Place Verk Her fit Brown	Date Jan 15, 103	Menner of injury
19. UNDERTAKER A 1337	+2400 p	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	se H & William	If so, specify (Signed) (Signed)

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Example I	district the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-c)
County Frederick Millians	
Village or City Frederick	No. 429 Mondale St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town whare deeth occurred 12/1_yrs,mos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Severmen Barnes	
(a) Residence: No. 429. Moiddle	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Meale Colored Single	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 HERE-B-Y CERTIF(Y, That I attended degeased from
(or) WIFE of	Jan. 31 7 19 33 to Jan. 31 10 33
6. DATE OF BIRTH (month, day, and year) fra 25 1866	I vast sew h elive on rund asal 19 daath is said
7. AGE Yaars Month's Days If LESS than	to have occurred on the data stated above, et 9 1 2 m.
67 / 6 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raleted causas of importance were as follows:
8. Trada profession or naticular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Menter Cardial dilatata 1-31-33
1 9. Industry or business in which Amadertaking	
SAW MILL, BANK, etc. Stableshmens	
10. Data deceased lest worked at this occupation (month end 1933) 11. Total time (years) spent in this year) occupation 45	
Francisk	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Troclevecty (Stata or country) Manual and	Chronic Myocarditis Vyran
The state of the s	- carries of caracies
E	
[State or country] Manufand	Name of operation Dete of
- CONTRACTOR -	What tast confirmed diagnosis? Was thera an eutopsy?
E 60 / 1 /	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) To aderect 600	Accidant, suicida, or homicide?
Ole al' De any and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Dannes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 427 Moddle St. 18. BURIAL, CREMATION, OR REMOVAL	
Place Francieur Com Date Feb 2, 1933	Manner of injury
	Nature of injury
19. UNDERTAKER Thomas, T. Buce	24. Was disaase or injury in eny way ralated to occupation of decaased?
(Addrass) Fredericke Mad	If so, spacify
20. FILED/ thy, 1933 tra . Mc Cecal	(Signed) Sharely M.D. M.D. (Address) 9 2: 7 wel D. Frederick lld
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The second secon	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	V 11-00
DOCC m	County reduced.	Registration Dist. No. / 3/:
shor of O	Village or City Tream' Set Pleasant	
~ 00	Length of residence in city, or town where death occurredwrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,
Every CIANS	2. FULL NAME Maurice Grays	on Baugher
- 2 4	(a) Residence: No. Lut Pleasant.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
E-3 60	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
LY.	Male It Lite OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If marriad, widowad, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
SIN EX cla	6. DATE OF BIRTH (month, day, and year) (ung 19-1932.	Hast saw hours alive on Jun 900 - 19 33 dath le sai
et	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 A.m.
FOR IS A Stated proper ertifica	4 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
- 00	8. Trade, profession, or particular kind of work done, as SPINNER,	Oate of once
TED THIS d be be be k of		Duplinga Dres
K-T lould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THI GE should be that it may be ins on back of	10. Date decaasad last worked at this occupation (month and spent in this	
RE VG 1	year) occupation	Other Contributory Causes of importance :
. A	12. BIRTHPLACE (city or town) war flowed (State or country) lean but Pleas and	1
ARGIN UNFADI pplied. terms, so	21	Growthial grewound faut
	13. NAME Harry & Baugher 14. BIRTHPLACE (city or town) Many Court	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITH WITH efully in pla	15. MAIOEN NAME / Delva Stull	23. If daath was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in primportant.	15. MAIOEN NAME Deloa Duelo 16. BIRTHPLACE (city or town) - 14 - ave for	Accidant, suicide, or homicide? Date of injury, 19
INI be imp	(State or country)	Whare did injury occur? (Specify city or town, county and State)
Y P P >	17. INFORMANT A due tustion (Address) Are dustice 12: (-5)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Jene Place and learning Date July 1933	Nature of injury
-WRI matior CAUS	19. UNDERTAKER 13. C Bartone	24. Was diseasa or Injury In any way related to occupation of deceased?
S. No.	(Address) Walkersville, Mil	If so, specify
> X	20. FILED 10 - assure 1936 Day Meding:	(Signad) (Address) A. C.
	If more blobbs are needed address State Phairman	N Challenge Bir B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook,—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00511
County Frederick (a	Registration Dist. No. 12/=
Village or City Guldrick City (III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred.	ds How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Bally Bell	eo
(a) Residence: No. Doldwick Kantet	// St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (Arite the word)	21. DATE OF DEATH (Month) 24 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That t attended decoased from ,19, to,19
6. DATE OF BIRTH (month, dey, and year) Jan. 24 - 32	I last saw h , l9 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Grimature surch
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 11. Totel time (years) this occupation (month and	-
SAW MILL, BANK, etc	
11. Total time (years) this occupetion (month and year) year) ocyopetion	
Garlingoh	Other Centribatory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Bastort Jamail Beken	
13. NAME (Later) Jennie Bikis 14. BIRTHPLACE (city or town) Porth Carlina	Neme of operation Date of
(State of Country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Tante marie	23. If death wes due to externel causes (VIOL ENCE) fill In else the following:
6 16. BIRTHPLACE (city or town) Darth Curling	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Porth / Fedrels Med	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Plece ME Many Med Dete James 25, 1983.	Neture of injury
19. UNDERTAKER 6. E. Colum Hom	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Fulues hed	If so, specify grant of Range 11 Of
20. FILED 23. January 1923 Dora mecusy:	(Signed) (Address) 9 E 2 A Fredwick M
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 7) S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4 dispusa	Example II	
The principal cause of death and related vauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
FED 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

CAUSE

LION

mation

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds. (Usual place of abo If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Jan. 19th. (Month) (Day) (Year) That I attended deceased from Rlank June 14. 1857 6. DATE OF BIRTH (month, day, and year) Months Days It LESS than to have occurred on the date stated above et ... 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...... Housewife Home work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spant In this occupation. Joseph Hart Name of operation Date of What test confirmed diagnosis? Was there an eutopsy? izabeth 23. It death was due to external causes (VIOLENCE) fill in also the tollowing: Accident, suicide, or homicide?______ Date of Injury______, 19 (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Roclar Springs 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Cem. Mr. Fred. Date Jan. 22. 19 33 Nature of injury Etchison & Son. 24. Was disease or injury in env 19. UNOERTAKER (Address) Frederick. It so, specify (Signed) 20, FILED 19 - January, 193 3 0000 If more blanks are needed, addry State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBA V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred yrs mos. 2. FULL NAME (a) Residence: No. (Usual place of abode)	No
Village Esity run Bucklingstone (If Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode)	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Baby Brusile (a) Residence: No. (Usual place of abode)	ds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	Cold
(Usual place of abode)	
	St., Ward.
DEDCONAL AND CTATICTICAL DADTICLE ADC	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4_COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX Color of RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Ddy) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1. (20/2)	Tillbon. 19.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days / If LESS than	I last saw h 19 death is sale to have occurred on the date stated above, at
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc.	
D Data deceased last worked at this occupation (month and spant in this occupation (month and year)	
October of the state of the sta	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Why land	
5 m here of	
(State or country)	Nama of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was due to externel causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Blany Card (State or country)	Accident, suicide, or homicide?
PI O	(Specify city or town, county and State)
17. INFORMANT (Address) Quetterstone	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Manner of injury
Place New Marle P. Days Jany 31, 1933	Natura of Injury
b & lelian +L	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER O. C. Auderson Made	If so, specify $\rho \in \mathcal{V} \cap \mathcal{V}$
2000 Aug 31 022 TCL 12 Aug	(Signad) U.S. // Lussey M.
20. FILED Salvy 2 1., 193-3.	(Address Decerca polocut In

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	12091,1000		1 year

(Address)

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
Advice -	Registration Dist. No. 14/
ity frage ville - Med (If dence in city or town where death occurredyrsmos	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
ME Grage Hrmy Brooks ce: No. Properties (Usual place of abode)	St, Ward. If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Build ed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
month, day, and yaar) Seff 19 - 1932 rs Months Days If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY. That I attanded decaesad from 19.32, to 900 9.52 I last saw warm alive on 19.32; death is seid to have occurred on the date stated above, at 0.55 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
ssion, or particular vork dona, as SPINNER, BDDKKEEPER, etc. businass In which s dona, as SILK MILL.	

occupation ... Othar Coatributory Causes of importance: Name of operation What test confirmed diagnosis?

> 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?____ Where did injury occur?.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Nature of injury 24. Was diseasa of injury in any way related to occupation of dageased?

If so, specify (Signad) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury

11. Total time (years)

spent in this

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 wcek ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMA BINDING MARGIN RESERVED FOR No. 1. ż

PLACE OF DEATH	STATE OF MARYLAND 15
County treducto	CERTIFICATE OF DEATH Registration Dist. No. 139
Village or City Mean farrefull 2 FULL NAME Earl M	St.: Ward) (If death occurred in a hospital or Institu- lon, give its NAME in- etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (North) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH	Dec 3.0 1982, to Jan 14 1983
(Month) (Day), 1.909 7 AGE [If LESS than	and that death occurred on the date stated above, at //
23 yrs 9 mos de or min.?	Pohland Fever
(a) Trade, profession or particular kind of work of the particular o	(Duration)yremos
10 NAME OF PATHER FATHER FATHER FATHER FATHER FATHER FATHER (State or country) 12 MAIDEN NAME) 10 NAME OF PATHER FATHER FATHER FATHER FATHER FATHER (State or country) 12 MAIDEN NAME)	(Signed)
of MOTHER MANNIX LENTER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MB KNOWLEDGE	ionts, or Recent Residents) At place of death yrs mos. da. State, yrs mos da. Where was disease contracted, if not at place of death?
melte a Reason	Former or
(Address) and Md (Address) and Md Filed Jam 17 1933 Warthells Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. Bethelman Family And J. J. 18-3- 20 UNDERTAKER M. D. L.
" more blanks are needed, address State Registrar.	16 W Saratoga St., Balto Requestles V. S No. 1

For authority to change you of the

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired (1 1/13.). For persons who have no occupation business, that fact may be indicated thus: Farmer (14 state o cupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Qook, Whatever, write None. or given up on account of the disease causing hearing Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons lenployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Parm laborer, Laborer-Coal mine, etc. Wom-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foremun, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

thons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee Nomenclature of the American Medical Association.) If this certificate is looked over thoroughly and all ques-Examples: Accidental drowning; Struck by railway and qualify as accidental, sticidal, or Homicidal, or ture of the injury, as fracture of skull, and consenoisoned by carbolic acid -probably suicide. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. taken. For VIOLENT DEATIIS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," Exhaustion," "Heart failure," "Haemorvulsious," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopnoumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonucum, etc., Carcinoma, Sárcoma, etc., of (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discuse; (second-(disease (mercly

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U0516
County Tre den als	Registration Dist. No. / 3/
Village or City Montevue Hospital	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	7_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Genge Brown	
(a) Residence: No. Burbultavelle Much (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word) Wale Color of Race Or DivorceD (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 903, Nov 16	I last saw heliu aliva on ault ,1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) Manyland (Stata ar country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary Calaman	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Way Calarran 16. BIRTHPLACE (city or town) Word (State or country)	Accident, suicide, or homicide?
(Addrass) Monture togetal Ged 16 Mg	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Co-ed Soull Com Date Jan 14, 1933	Manner of injury
19. UNDERTAKER to La Surman les (Address) Store syspelle Med	24. Was disease or injury In any way related to occupation of dacassad?
20. FILED 12: James 1933 dora Soul Registra	(Signad) D. Judenek, M. D. (Address) Judenek, M. D.
If more Manks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as		S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	31 J 331	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C	MECHI	3 days ago
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis	-	1 year

MARGIN RESERVED FOR BINDING

V. S. No.

1. PLA	CE OF DEAT	AIE	JE MAK	TLAND-	CERTIFICATE OF DEATH 60517
Cour	6	ence	1.		159 Desidado Dia 1144
		7/2	/	1- 7/1	Registration Dist. No. / 77
Villa	ge or City	Mu		(1)	NoSt., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Lengt	th of rasidenca in city	or town where	daath occurred	yrsmos	
2. FUL	L NAME	pr	emale	ue un	faul-Brown
(a)	Residence: No	0			St., Ward,
-			(Usual place		If nonresident give city or town and State
-	RSONAL AND				MEDICAL CERTIFICATE OF DEATH
3. SEX	L 4. COLOR	OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH
7	- In a	~~	1 0		(Month) (Day) (Year)
HUSBA	d, widowad, or divorc	ad			22. HEREBY CERTIFY, That I attended deceased fro
(or) WI	re or		-0		Ann3 1933 to fan 4 1933
6. DATE OF	BIRTH (month, day,	and yaar)	an 3 m	1933	Mast saw h la aliva on 4 3 , 1923; death is sa
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the data stated abova, at 23 A m.
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raigted causes of importance wara as follows:
z 8. Trad	le, profession, or part	icular			president troth. Date of onse
0 F	SAWYER, BOOKKEEPI	R, atc	Mir	~	Mother suffering
9. Indu	stry or business in w work was done, as SIL SAW MILL, BANK, etc	vhich K MILL,	non	-	from a certal prepharles.
0 10 Data	SAW MILL, BANK, etc deceasad last works		11 Total ti	ma (years)	1
	his occupation (mont)	hand A	span	tin this	Theme Porsons
		There	1-	21	Othar Coutributory Causes of Importance:
	ACE (city or town) or country)	touch	Co	194.	
13. NAM	E Paul X	+Bm	200		
13. NAM 14. BIRT	HPLACE (city or town	· m	1.8		Manager
4. DIKI	Stata or country)	1)			Name of oparation Data of Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAII	DEN NAME/Belo	n But	Lyen	bock.	What tast confirmed diagnosis?
-	HPLACE (city or town	n	11	7	Accidant, suicida, or homicide? Date of injury 19
¥ 10. DIKI	State or country)	1)			Whera did Injury occur?
17. INFORMA	NT Paul	HB.	vevn	+	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addi		The	mony	MA	Specify mount, in nome, or in robert PEAGE.
18. BURIAL,	CREMATION, OR REM	AOVAL	0	11 22	Manner of Injury
Placa	Shur	noul	Date	2. 4 , 19 33	Nature of injury.
19. UNDERTA	KED Pau	el 3%.	Brown	Sather.	24. Was disease or injury In any way related to occupation of deceasad?
(Addi		Thus	mont	Md.	If so, spacify
20. FILED	Jan. 4 10	33 Um	ma M.	tones'	(Signad) Morris albung M.
20, 116	y, 19:			Registrar.	(Addrass) Thurmout - Md.
		If more	blanks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	d and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUEBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 N. B. should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00518
1. PLACE OF DEATH	2.57
county trederick	Registration Dist. No. 13 9
Village or City State San alorum	No. VIC. St., Ward
(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME HENRY Bru	A A A A
	Brand III
(a) Residence: No. (Usual place of abode)	St., Ward. Standyume My
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 20 108 3
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I ettended deceesed from
1. 0+ 2 1622	Jan 9 ,1933, 10 Jan 20, 19 3
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Devs If LESS then	I last saw h. M. alive on 20, 1933; deeth is seld
7. AGE Years Months Deys If LESS then I day,hrs.	to have occurred on the date stated above, at 2:30 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Laborer	Restauration of the state of th
9. Industry or business in which	grammary fuver cutous
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed worked et this occupation (mosth and 1/4 - 1/4).	
10. Date deceesed last worked at this occupetion (month and WV. 193) 11. Total time (years) spant in this occupetion coupetion.	
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance:
	Inverentous Loryngells
13. NAME William Bryan 14. BIRTHPLACE (city or town) Maryland. (Stete or country)	Name of operation.
15. MAIDEN NAME I da Kidwell	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME I da Kidwell 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT/ Levry / Bryan (on admission (Address) Blass days	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 12 Tandywillogie mil mong 33	Nature of injury
19. UNDERTAKER HUSTET + RAJON,	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Walderf Man Ma	If so, specify A TOMAN TO A A A A A A A A A A A A A A A A A A
20, FILED 120/32 19	(Signed) to Control of M.D.

... 19. 33

(Address) Stale San If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 2 1933	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Oreserver	Registration Dist. No.
Village or City MV. My	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred that he phart of mandaton, give its 144101E instead of street and number)
2. FULL NAME Scremiah Lewis Bu	rdette
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORED (with the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tivia 6. Burdette	22. PHEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Chr. 14, 1867	I last saw h/see alive on 2,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0 2 a m.
65 8 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Cascinoma of Prostate Date of onset
kind of work done, as SPINNER, Conshuer SAWYER, BOOKKEEPER, etc.	glands - finvolving unknown
kind of work done, as SPINNER, Conshuer SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation Company and the second in this occupation of the second in th	I hidneys to me.
11. Total time (years) this occupation (month and year)	<i>f</i>
12. BIRTHPLACE (city or town) Mr. Damasus	Other Contributory Causes of Importance:
(State or country) Tand.	malmure vorsoning / mx.
13. NAME Nathan & Burdelle	
13. NAME Nathan J. Burdelle 14. BIRTHPLACE (city or town) M. Drawningsville (State or country) Ind.	What test confirmed diagnosis?
15. MAIDEN NAME Risba ann Lewis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MATOEN NAME / Clasha Count dewis 16. BIRTHPLACE (city or town) Nr. Clashsburg (State or country) The	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mis. F. E. Burdette (Address) P. D. Mr. airy nid.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Damasus Cem Date Jan. 4, 1833	Manner of injury
19. UNDERTAKER J. B. Beall Inc.	24. Was disease or injury in any way related to occupation of deceased? Pro
20. FILED Jan 3, , 19 3 2 mm 31. 8Day	(Signed) Lenge M. Joyen M. D. (Ardress) Dameseks Md.
Regular	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	, li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED MARGIN

If more blanks are needed, address State Registrar, 2411 N: Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH item of plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? statement ECORD. St.. (a) Residence: Np. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write hit word) annas (Day) (Month) BINDING classified. 5a. If marriad, widowed, or divorced HUSBAND of CERTIEY. That I attended deceased from B (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at FOR 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trade, profession, or particular OCCUPATION THIS MARGIN RESERVED kind of work done, as SPINNER, Jo SAWYER, BDDKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc...... on 10. Date deceased last worked at 11. Total timo (years)
spent in this this occupation (month and occupation 44 O instructions Other Contributory Causes of Amportance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? Data of injury..... DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? __ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury WRITE CAUSE mation Nature of injury LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNOERTAKER (Addrass) If so, specify (Signed) 20. FILED ż egistrar.

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balumore, Requesting V. S. No. 1.

193 3

(Yaar)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	2		
W. St. M. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	CORD. Every item of infor-	PHYSICIANS should state	ict statement of OCCUPA-	
ED FOR BINDING	HIS IS A PERMANENT REC	be stated EXACTLY. 1	be properly classified. Exa	of certificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be ca.	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(37)
County Frderick	Registration Dist. No
Village or City M. Pleasant	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
2/1/1	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliam Henry Curf	man
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write tha word) Thankel	21. DATE OF DEATH AW 27 193 3 (Yoar)
5a. If married, widowed, or divorced HUSBAND of CARLAGOLIA	
(or) WIFE of C, Estella wightaw	22. I HEREBY CERTIFY. That I attended deceased from 1972, to 22, 1933
6. DATE OF BIRTH (month, day, and year) Dec -8- 1845	I last saw h www alive on aw. 2 12 ,1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11.35 1.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profossion, or particular kind of work done, as SPINNER. Day laborm on farm. SAWYER, BOOKKEPER, etc.	Sypertrothy of Prostale Jaw
9. Industry or business in which	with in Freldow of bladded 1929
work was dona, as SILK MILL, SAW MILL, BANK, etc.	4
10. Date daceased last worked at this occupation (months and 1904) 11. Total time (years) spent in this explanation occupation	
12. BIRTHPLACE (city or town) Md.	Other Contributory Causes of importance: Unless - Sclerocis 1928
(State or country),	11.00
13. NAME Fellicew & Curfman	
13. NAME Fillicum & Curfman 14. BIRTHPLACE (city or town) Md	Namo of operation
(Stata of country)	What tost confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pancy & alley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pancy & alley 16. BIRTHPLACE (city or town) 24dd ,	Accidont, suicido, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Milliam & Curfman (Address) Reberly town, Ind	Specify whathor injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannor of injury
Place Phase Culdury Data Fill & 4 , 193	Nature of injury
19. UNDERTAKER Fowyll + albaugh (Addiess) Aubuly fown Med)	24. Was diseaso or Injury in any way ralated to occupation of doceasod?
(11 77 20 71 PO	(Signod) Otis Ta, X tone
Registrar.	(Address) Liberty foron, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago

Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Should state of OCCUPA-ECORD. Every item PHYSICIANS Exact statement stated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY,

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	18-0
1. PLACE OF DEATH County Frederick Frederick	Registration Dist. No. /3/=
Village or City A 1 GUG1 104	MO WATER OF OT A THOU DI OCCIT OF "MAIN
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME irs. Jusannah loCafferty Dadi	sman
(a) Residence: No. 13 W. Fifth St.,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED.	21. DATE OF DEATH
Pemale hite OR DIVORCED (write the word)	Jan. 10th., 193 5 (Month) (Day) (Yaar)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That t attended deceased from
Jacob Dadisman Oct. 28, 1843	1 last saw h er alive on 2 , 19 3 ; death Is said
b. DATE OF BIKIH (Month, day, and year)	
7. AGE Years Months Deys If LESS than 1 day, hrs.	to heve occurred on the date stated above, at 7. a.1.52 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife	
9. Industry or husiness in which	26.1 - total amountage
work wes done, as SILK MILL, At Home	Ayposiana Composition la C.3
10. Date decessed last worked at this occupation (month and spent in this occupation (month and spent in this spent in this base)	
this occupation (month and 1932) spent in this by occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	Francisco y al hip
13. NAME John McCafferty	,
13. NAME John McCafferty 14. Birthplace (city or town) (State or country)	Name of operation Dete of
(State of Country)	What test confirmed diegnosis? Wes thera an autopsy?
15. MAIDEN NAME Susan Litchell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SUSAN Fitchell 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
- (State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ars. Minnie K. Kopp. (Address) Frederick, Nd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Mt Clivet Cen. Fredate Jan. 13, 1923	Nature of injury
19. UNDERTAKER Ra Tichison & Son. (Address) Frederic , d.	24. Was disease or injury In any way related to occupation of deceased?
20 FILED I Fasy 133 At McCellery	(Signed) WOOdsone M. (
Registrar.	(Address)

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FEB 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE O	F MARYLA	AND-	CERTIFICATE OF DEATH
County Frederick	-		Registration Dist. No./3/=
Village or City Jefferson			Al-
	eath occurred 50 yrs	(1) mos	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME George Tree (a) Residence: No.	Letick Darne	mod	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		WHEN PARTY AND PROPERTY.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Vale White	5. SINGLE, MARRIED, V OR DIVORCED (write Darried	WIDOWED, e the word)	21. DATE OF DEATH January 12, (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Carrie E.			22. I HEREBY CERTIFY That I attended deceased from 2 1932, to Jan 12 1933
6. DATE OF BIRTH (month, day, end year)	Dec. 22, 18	63	Hast was have elive on Jan 12 1933; death is seld
7. AGE Years Months		LESS than	to have occurred on the dete stated above, at 1 . 30Pm.
69 0		y, hrs.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,			Cerebral humanhage 13/33
SAWYER, BOOKKEEPER, etc.	utcher		· Brucho pruminia 1/10/33
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			myo-carchal feilure 1/13/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year)	11. Totel time (yet spent in thi occupation	2	
12. BIRTHPLACE (city or town) Maryland (State or country)			Other Coutributory Causes of importence:
			annelar plustations
T V	yland		Name of operation
			What test confirmed diagnosis? Claude Westhere an eutopsy?
15. MAIDEN NAME Mary Edmunds 16. BIRTHPLACE (city or town) Maryla (Stete or country)			23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
Louis S. C. Dar 17. INFORMANT Prederick, Md.			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Middletown, Ida		e, 19.33.	Menner of injury
19. UNDERTAKER M. R. Etalisar (Address) Frederick Md.	Inelu	Rhistrar.	24. Wes disease or injury in any way related to occupation of deceased? 10 if so, specify (Signed) 2 all M.D. (Address) 4 Address M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
RITREAU V.	Š.		•

should state tECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. PERMANENT properly classified. FOR BINDING certificate. THIS-MARGIN RESERVED jo should be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may See instructions on back TION is very important.

19. UNDERTAKER (Address)

	STATE O	F MARY	LAND-	CERTIFICATE OF DEAT	ΓH (/0525
1. PLACE OF D	DEATH	STAUTEUN'		93-0	00000
	erick Frederick e in city or town where d	01		and militale, C	
	Mrs. Lydia		anotte Da	Vis.	
(a) Residence:	No. 24 F. Chur	(Usual place of	abode)	St., Ward. If nonresident gives	ve city or town and State
PERSONAL	AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE	OF DEATH
female 4.	white	s. SINGLE, MARRI OR DIVORCED Widow		21. DATE OF DEATH January 30, (Month)	(Day) (Year)
5e. If married, widowed, of HUSBAND of (or) WIFE of	ames H. Dav	is.		22. I HEREBY CERTIFY	0 19 3 3
6. DATE OF BIRTH (mon 7. AGE Years	th, day, and year) Months	Days 6	1f LESS than 1 day, hrs.	to have occurred on the date stated above, at 1045	of importance
8 Trade profession		Housewife	VI	Juliusuary ?	donea Jan 30
kind of work SAWYER, BOO 9. Industry or busin work was don SAW MILL, B	ness in which ne, as SILK MILL, ANK, etc		*		
O 1-10. Date deceased la	n (month end 4/2		e (years) in this 55		
12. BIRTHPLACE (city or (State or country)		and		Other Contributory Causes of importance:	occidite 1921
13. NAME Oliv	er H. Hoffma	an.		0	
13. NAME OLIV		Lqnd		Name of operation	
15. MAIDEN NAME	Catherine !	Bussard		23. If death was due to external causes (VIOLENCE) fill I	
16. BIRTHPLACE (city		Land		Accident, suicide, or homicide? Da Where did injury occur?	
17. INFORMANT Mis (Address) Tre	s. Flizabeth derick, Md.	h C. Davis	9 .	Specify whether injury occurred in INDUSTRY, in HOM	own, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION	or REMOVAL vet Cem. Fr	ed _{Date} Feb.	2, 19 55	Manner of injury	
7.1	D D. 14				Zw

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Combael however to a complete service of the complete	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.			,	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

(Approved by U. S. Census ɛnd American Fublic Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman. As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as accidental, suicidal or Homicidal, Examples: Accidental drowning; Struck by railway train American Medical Association.) letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJU.; Y discases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably specide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Oata ol onset

(Vav)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			Example II	
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Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FFR 5 1033	July 5,1927	Peritonitis	3 days ago
	BUREAU T.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1528
1. PLACE OF DEATH		B)	
County Fracdorech		Registration Dist. No. / 3/	
Village of City Streedwick		ND. 57.5 N. Rank f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where death of	ccurredyrs,mos	How iong in U.S. If of foreign birth?yrsmo	sds
2. FULL NAME Confant	Donney		
(a) Residence: Np. 5135 N	Bents	St., 3 Ward.	
	Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
Male Colored 01	NGLE, MARRIED, WIDOWED, R DIVORCED (write tha word) Single	21. DATE OF DEATH	, 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	-	22. I HEREBY CERTIFY, That I attended	deceasad from
6. DATE OF BIRTH (month, day, and year)	10 193	I last saw h alive on 19 7 70, 10	; death is said
7. AGE Yaars Months	Days If LESS than	to heve occurrad on the date stated abova, at 3-30 22m.	
0 0	ormin.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importanca wera as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	one		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this recrustion (month and		Prenata brith	1/10
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town) Streeter (State or country) Heavedance	ick	Dthar Contributory Causes of importance:	
	dell		
13. NAME 14. BIRTHPLACE (city or town) To sale	ich	Name of operation	
(State of country) Many a	nd	What test confirmed diagnosis? Was there en a	utopsy?
15. MAIDEN NAME Helest To	ich	23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicida?	
17. INFORMANT John Dorse (Address) 5/5 N. Ben	N N	Where did Injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) NCE.
18. BURIAL, CREMATION, DR REMDVAL Place Parview Da	Jan 11., 1933.	Mannar of Injury	
19. UNDERTAKER Thomase To (Addrass) Frederick	Tice	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED 11- January 19 3. 3 00 af a	meend:	(Signed) (Address) Turking	M. P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dar Barooks.

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60529
1. PLACE OF DEATH ,	94-8
County Treperiole	Registration Dist. No. 134
Village or City Encirtaling	No. St., Ward
Length of rasidence in city or town where death occurradmos	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?
2. FULL NAME Thomas P Dr	me sherte
(a) Residence: No.	SV. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFM. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 101. 7 1869	Wlast saw him dee on Day 02 1983 death is said
7. AGE Years Months Days / If LESS than	to heve occurred on the data stated above, et 5000m.
65 10 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolession, or particular kind of work done as SPINNER	arterios elevores several years
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	wholey coronary occlipion fun 2 3
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) year) Occupation 3	
1.1 2. 10 . 1 . h.	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME atreel Sougherte	
14. BIRTHPLACE (city or town)	Name ol operation Date of
(Stata of country)	What test confirmed diagnosis tony t client cally was there an autopsy 140
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the lollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Adward J. Dougherle, (Address) Crum & male Pd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMOTION, OR REMOVAL	Manner of Injury
Placa Hore Controller 4 Date Jan 4 1933	Natura of injury
19. UNDERTAKER Zu. J. Shiff J.	24. Was disease or injury in any way ralated to occupation of deceasad?
(Address) Engelishing Us	Il so, spacify
20. FILED Jan 21, 19.73 M. T. Shaff	(Signad) M. D.
/ [Kegistrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRELL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 60530
1. PLACE OF DEATH		137
County I reduced,		Registration Dist. No.
Village or City Oak Carchar-		f death occurred in a hospital or institution, give its NAME instead of street and number) s
1	0 0 0 1	
2. FULL NAME Genjamin	e F. Dudden	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Amount = 9 FL (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(AF)-WIFF-DY	Dudderay.	22. I HEREBY CERTIFY, Thet I attended deceased from
10:		1933, 10 94, 1943
6. DATE OF BIRTH (month, day, end yeer) / 8 J	2 -/2 -//	to heve occurred on the date stated above, at 0.30 P.m.
AGE Hears Months	Days If LESS then I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceusos of importence
00	28 or min.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, fax. SAWYER, BOOKKEEPER, etc.	mer.	Mountaine (war.) 1/5/3
SAWYER, BOOKKEEPER, etc		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, es SPINNER, Fax. SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	
Paris	1. 1.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lateral	land.	Menoscleron
	/	
H P /	erar.	
(State or country)	ch (ao,	Name of operation Dete of
	D 1 1+ 20	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME Jo sep hind. 16. BIRTHPLACE (city or town) Packer	Bughtinel,	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Tacken	ela fles.	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	y Canel.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thomas T. Diedderer. (Address) T. F.D. New Winder, Mid,		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Place Truganore County Dete ans 1=12/A9 33		Neture of injury
19. UNDERTAKER 6. M. Waltz (Addiess) This field mid.		24. Was diseese or Injury in any way related to occupation of deceased?
20. FILED JUSA 11 , 1933 77	Lufenay Registrar,	(Signed) Sa Mo Beall M. C. (Address) Subertulown, M. C.
If more blan		2411 N. Charles Street, Baltimore, Requesting V. S. Wo. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		9270	OI BEATH	0053
county thederick	with a thin	Man Pall Car	Registration Dist. No. 131	
Village or City / reclevich Length of residence in city or town where death occurred 2. FULL NAME / Oca // War 3		No. // W 3 i death occurred in a hospital or institut S. A.S. ds. How long in U.S. if o Aurall St., Ward.		
\	ace of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CI	ERTIFICATE OF DEATH	1
Remale White OR DIVOR	ARRIED, WIDOWED, GED (write the word)	21. DATE OF DEATH	(Month) 30 (Day)	, 193 🍮 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(1)	CERTIFY, That I attend	ded deceased fro
DATE OF BIRTII (month, day, and year) AGE Years Months Days	1887 If LESS than 1 day, hrs.	I last saw h_& V alive on to have occurred on the date state	d above, at 4.30 m.	3; death is sa
8. Trade, profession, or particular kind of work done, as SPINNER,	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	Hand related causes of importance	Date of one
this occupation (month and 1933)	College al time (years) spent in this occupation	Dther Contributory Causes of impo	rtance:	
(State or country)	el de	higher &	Lennis	190
13. NAME James & Dur 14. BIRTHPLACE (city or town) Preservor (State or country)	County	Name of operation	fikulation Date o	
15. MAIDEN NAME Marra, 19 Mg	rine		ises (VIOLENCE) fill in also tha follow	
15. MAIDEN NAME Mayaret a yr 16. BIRTHPLACE (city or town) Predesic (State or country)	& Comity		Date of injury	, 19
17. INFORMANT I King Duvalle (Address) // W & of A4 Freder	ich My	Specify whether injury occurred in	(Specify city or town, county and I INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fulderich My Date Fig.	h/ 1933	Manner of Injury		
19. UNDERTAKER Dany & Carly Address) Tresterisk	md,	24. Was disease or injury in any w	ay related to occupation of deceased?	20
20. FILEO II Jany 133 April	Que de legistrar.	(Signed) (Address)	edining!	111M.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FER R 3000	1915	Attack of epilepsy	1 week.ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.	July 5, 1927	Peritonitis	3 days ago
		1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH (10532
1. PLACE OF DEATH	
County Tred well	Registration Dist. No. 14
Village or City new Mapple	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A 15 he	r
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (agrice the word)	21. DATE OF DEATH (S (Oay) (Year)
5a. If merried, wldowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) See 2301932	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and specific program of the	Tour deat we but
9. Industry or business in which	on awaltaging on many
work was done, as SILK MILL, SAW MILL, BANK, etc	Congenital debility con & The
O 10. Oate deceased lest worked at this occupation (month and year)	V 7
Wentlove History and Qa	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	My pory nourcent child
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Marce 7 cohor	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary 4 cofo	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT many 715 hay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The Date Date 1997	Nature of injury
19. UNDERTAKER . St. Full: The Carlotte and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED JAM 8 , 1932 Mrs. H. S. Hamilo Registrar.	(Signed) Cory Vest M.D. (Address) Brace Sulet M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

7	1	r, PHYSI- ed. Exact
	RECORD	terms so that it may be properly classified. Exact
IDI.	-THIS IS A PERMANANT RECORD	naid be stat
OR BIN	A PE	ACE she that it
VED FOR BINDI	-THIS IS	upplied.

PLACE OF DEATH	STATE OF MARYLAND
County Friderick	CERTIFICATE OF DEATH
	Registration Dist. No. 153
Village or City Walkerwills (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	The state of the s
	MEDICAL CERTIFICATE OF DEATH
Married. Widowld Widowld (Write the word)	16 DATE OF DEATH 2/ (Day) 1993 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I Attended the deceased from Dec 22 1922 to form 2/ 1923
(Month) (Day) (Yesr)	that I last saw h alive on face 2/ , 1923 3,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2-00 Rm.
00 0 1 day hrs.	
7.7. yrs	True fractured his of sende
(a) Trade, profession or Retired	destrictly. Frostwes his due to a fall,
particular kind of work (b) General nature of industry	from home butto.
business, or establishment in	Are month (Duration) yrs mos de.
which employed or (employer)	Contributory ofthe the fall he became fed ridden
9 BIRTHPLACE (State or country)	Secondary (Duration) /yrs mos ds.
10 NAME OF	1 / / // /
FATHER Morliner Fetch	(Signed) M. D.
OF FATHER	1999 (Address)
Z (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Telesta mougher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wayland	At place of deathyrsmosds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 Bith.	Former or usual readence
1 die Obennie Vin mid	19 PLAGE OF BURIAL DATE OF BURIAL
(Addréss) Was Al VIII	Frederick md. Jan. 23, 1933
15 File Jaw, 21 1928 March County	4. C. Barton Walkerwill
If more bianks are needed, address tate wegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicThe nature of the injury, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

mel

1. PLACE OF DEATH	92-0
County tredericks	Registration Dist. No. 132
Village or City Meddletown	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsds
m.11 10, 14/1	7
2. FULL NAME // fillard t Alvok	<u></u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JANUARY (Month) (Day) (Year)
5a. If marriad, widowad, or divorced AUSBAND of (or) WIFE of Millian Company (or) WIFE of WIFE of Millian Company (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
The state of the s	1910, to JAA. 3, 1933
6. DATE OF BIRTH (month, day, and year) / / / / / / / / / / / / / / / / / / /	to have occurred on the date stated abova, at 11:55 P.m.
77 4 90 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	Chronic Myocarditis Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farsmes	And Endocarditis ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Priddle town (State or country)	Other Contributory Canacs of importance:
1 The state of the	
	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Sinis Al Ex A M was there en autopsy? No
15. MAIDEN NAME Colin aleth my man	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). The state of	Assident suiside or hemiside? Date of Infus. 10
X (State or country)	Where did injury occur?
17. INFORMANT Mais Maurice Reposite (Address) Maddletow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Alformed Place Date for 199	Nature of injury
19. UNDERTAKER (D.) Maddelilows M.J.	24. Was disease or Injury In any way related to occupation of deceased? 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
20, FILED Due 3 , 1933) Toneport Januar Registrar.	(Signed) M. [(Address) M. [
If may blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife manswer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	il.		
1:1			į.
4/			

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County et rederice	Registration Dist. No. 139
Village or City State Sanatorum	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs3mos	
2. FULL NAME Walter B.	ctions of
(a) Residence: No. 1.5 6 S · ViQ ton (Usual place of shode)	M St., Ward. Ballo Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5a. If married, widowed, or divorced	(166nth) (Day) (Year)
HUSBAND OF Bearl V. Fohs	Devit 26 1932 to Jam 5 1933
6. DATE OF BIRTH (month, day, and year) 0 429, 1883	I last saw h. Van aliva on Jan 5, 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8:45 P.m.
49 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Buttern Maker	Rand monary Tuberculoris
kind of work done, as SPINNER Cullers Maker kind of work done, as SPINNER Cullers Maker SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and company in this cocupation (month and company) in this cocupation (month and company).	
11. Total tima (years) spart in this occupation (month and u.g. 1932 occupation)	mi
12. BIRTHPLACE (city or town) Balto . Md.	Other Contributory Causes of importance:
(State or country)	Tuber Culous Tarunattis
13. NAME George J. chors.	The state of the s
13. NAME Deorge . Ct of . 14. BIRTHPLACE (city or town) New Jussey.	Name of operation Dala of
(State of country)	What test confirmed diagnosis? Churt X ray & Pro Was there an au'opsy? Ww
15. MAIDEN NAME Syme M. Shriver 16. BIRTHPLACE (city or town) Sermany	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Sermany	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Waller 13. Tomb Con admission (Address) 1565. Helton St. 13 at to mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 10 ax 10 . W. Oate W. Moura	Nature of injury
19. UNDERTAKER M. L. Cregger	24. Was disease or injury in any way related to occupation of dacaased?
(Add ss) Thurmont All Ma	If so, specify
20. FILED. 1933 Registrar.	(Signed) Allward Shaffer M. a.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Com			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 2 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County rederica K		Registration Dist. No. 15	32
Village or City Rear Middle	elows (II	NoSt.	Ward
Langth of residence in city or town where death occurred.	yrsmos	ds. How long in U.S. if ol foreign birth?yrs	mosds
2. FULL NAME MULE	e, eo	orn Sway	
(a) Residence: No. (Usual pla	ace of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEAT	Н
	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193.3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I atter	
	. (122	, 19.33., to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 3 4m.	; death is sel
Table Table	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
O Today of the control of the contro	ormin.	were es follows:	Date of onset
8. Trade, prolassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		C4 00 P	
Industry or business in which		Shall both	
work wes dona, as SILK MILL, SAW MILL, BANK, atc			
10. Date deceased last worked at this occupation (month end	al time (years) pent in this		
	coupation	00.00.00.00.00.00.00.00.00.00.00.00.00.	
12. BIRTHPLACE (city or town) Treas Kritalle	town	Othar Contributory Causes of importance:	
(State or country) many	und		
13. NAME James My Sie	Crou		
13. NAME TONES M. Te	1	Name of operation Date	ol
(Stata or country) Mary	nd	Whet test confirmed diegnosis? Was there	
15. MAIDEN NAME Trances M.	Shank	23. II daeth was due to external causes (VIOL ENCE) fill in also the follo	
15. MAIDEN NAME Transcolly, A 16. BIRTHPLACE (city or town) May	e 1	Accident, suicide, or homicide? Data of injury	
E (State or country)		Where did injury occur?	
17. INFORMANT James M. St.	! leron	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIS	State)
(Address) med de la	use /		
18. BURIAL, CREMATION OF BENOVAL	1- 1	Menner of injury	
Place middlelown Date	17/33	Nature of injury	
19. UNDERTAKER O'I'K Alockh	gee In	24. Wes disaase or injury In any way refated to occupation of decaased	7.
1 Tight		(Signed) RVHQ LILL	

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.		7.0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenferitis	1 year
		The state of the s	

state Exact statement of OCCUPA-KECORD. Every item of infor-PHYSICIANS should stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH/in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, V. S. No. 1 B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0538
1. PLACE OF DEATH		
County Tre devele	Registration Dist. No. 13	1
Village or City Montevue Home	NoSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street as 28 ds. How long in U.S. if of foreign birth?	
Length of residence in city or town where death occurredyrsmos		mosus.
2. FULL NAME Julius Traine		
(a) Residence: No. Inedericle Mid.	St., Ward.	100
(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.		1
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	1027
male while married	(Month) (Day)	(Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attand	ded deceased from
(or) WIFE of Ella Presends	Servet 6 1932 to 90 3	19 3 3
6. DATE OF BIRTH (month, day, and year) 1861 006 6		2. : death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at. D. W. D. M.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
- 8. Trada, profassion, or particular	wera as follows:	Date of onset
Sind of work done, as SPINNER, Day Labrer	Le genera Don Principa	2 2 -
9. Industry or businass in which	The state of the s	7225
work was dona, as SILK MILL, Plunsber		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 2.5 occupation		
Throderick	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Ways (State ar country)	00	0.05
	- Comme Myounders	of the
13. NAME 14. BIRTHPLACE (city or town) 15. Control of town)		
14. BIRTHPLACE (city or town)	Name of oparation Data o	f
(State of country)	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Dun Elizabeth Deverses 16. BIRTHPLACE (city or town) 16. State or country)	23. If daath was due to external causes (VIOL ENCE) fill in also the follow	wing:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury	, 19
(State or country)	Whate did injury occur?(Specify city or town, county and	State)
17. INFORMANT Ques de la fina della fina de la fina del	Spacify whethar Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Stot Olivet Compate Jan 6, 1933	Nature of Injury	
19 UNDERTAKER Thomas P. Toice	24. Was disease or injury in any way related to occupation of deceased?	no.
(Address) Forderick	If so, specify	
a suspt num 128 Doal meen	(Signed) Dollars	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or 3. O. Romas

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUP 1. PLACE OF DEATH plnods Registration Dist. No. Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? ______ yrs. _____ mos. ____ ds. Langth of residence in city or town where death occurred PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowad, or divorced HUSBAND of 22. CERTIFY. Thet I attanded deceased from (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day,hrs or min. 8. Trade, profession, or particular TION kind of work done, as SPINNER RESERVED Jo SAWYER, BOOKKEEPER, atc. . \ may back Mindustry or business in which work was dona, as SILK MILL, should OCCUBA SAW MILL, BANK, etc ... 10. Date deceased lest worked at 11. Totel time (years)
spent In this this occupation (month and occupation __ instructions Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) / ain What test confirmed diagnosis? 200 (Stata or country) efully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur? 17. INFORMANT should (Addrass) 18. BURIAL, CREMATION, OR REMOV Manner of injury WRITE CAUSE mation LION Nature of injury. 19. UNDERTAKER V. S. No. (Address) If so, specify Registrar. (Addrass) ____

PRINCIPAL CAUSE OF DEATH and related causes of importance Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? ______ Date of injury ______ 19 (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disaase or injury in any wey related to occupation of daceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	FER 3 1933	July 5,1927	Peritonitis	3 days ago	
	BILL				
Other contributory	causes of importance:	-	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluoda item of County Areoleria Registration Dist. No. Village or City __St.,_____Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? yrs. mos. ds. statement (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word) (Month) (Day) BINDING 5a. If married, widowed, or divorced HUSBAND of I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years Months Days If LESS than FOR 1 day hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc.. may back 9. Industry or business in which Should work wes done, as SILK MILL SAW MILL, BANK, etc .. 10 Date deceased lest worked al 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME / See 14. BIRTHPLACE (city or town). in plain (State or country) efully Whet test confirmed diegnosis?_ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: car Accident, suicide, or homicide? Oate of Injury 16, BIRTHPLACE (city or town (State or country Where did injury occur?__ (Specify city or town, county and State) OF DE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Should 17, INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER If so, specify Registrar. (Address)

(Year)

Date of onset

1

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Chronic interstitial nephritis	A 3000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FED 0 -1100	July 5,1927	Peritonitis	3 days ago	
	TURBATA	3. 1	-,-		
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 100541
1. PLACE OF DEATH	82-0)
County Tredericks.	Registration Dist. No. 2 4
Village or City by T Dr Inasya. (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 2 Dyrsmos.	ds. How long In U. S. If of foreign blrth?
2. FULL NAME Mary J. Wemles.	
(a) Residence: No. (My & OST Smary), (Usual place of poode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from "" 19.3.3, to Jan. 16." 19.3.3
6. DATE OF BIRTH (month, day, and year) Charil 27-1861	l'last saw h & alive on faul 6 , 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3.2. Cm.
7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Beefer - SAWYER, BOOKKEEPER, etc.	Grebral Newsorkage 1/1/35
a Industry or business in which	
10. Date deceased last worked at this occupation (month and lee 20 spent in this spent in this	
yeer) occupation 7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Jellys deir () (State or country)	Chame arterial Schools 1928
I have to the	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? [waty Was there an aulopsy?
16. BIRTHPLACE (city or town) Selly by 3	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) - Sellings by 3	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Just bush Rodday,	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) my six marys nd	
18. BURIAL, CHEMATION, OR PEMOVAL	Manner of injury
Place Mary Date Jany 7, 19 23	Nature of injury
19. UNDERTAKER M. Z. Greages How	24. Was disease or Injury in any wey related to occupation of deceased?
(MODIESS) Johnson and	If so, specify
20. FILED Lay 72-1933 Met. Shreff.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

MARGIN

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
0.0				
Other contributory causes of importance:		Other contributory causes of importance:	100	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registration Dist. No. 139
St., Ward
titution, give its NAME instead of street and number) if of foreign birth?ds.
1
20. Co. Md.
If nonresident give city or town and State
CERTIFICATE OF DEATH
Jan 3 198 3
(Month) (Day) (Year)
BY CERTIPY, That I attended decaased from
Jan 4 193 : daath is said
ated abova, at 9.15A m.
ATH and related causes of Importance
A
4 Merculosis
J
nportance:
Cous Laryngitis
co cos a company
Date of
Chest Xray Was thera an au opsy? No
causes (VIOLENCE) fill in also the following:
Data of injury
(Specify city or town, county and State) I in INDUSTRY, in HOME, or In PUBLIC PLACE.
on moodin, in nome, of infodelo flace.
way related to occupation of deceased?
arts Shoffer M.D.
The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CTATE OF MADVIAND CÉDTICICATE OF DEATH

1. PLACE OF DEATH	- No
County Trederick	Registration Dist. No. / 3 /
Village or City Frederick City	No Nofital St. W
	(If death accurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. / ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Aurana Voltame V	Joffendu!
(a) Residence: No. Middlelown M	odle St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEXO 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
OR DIVORCED (write the	
Server While I single	(Month) (Day) (Year
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, Thet I attended deceesed
(01) 1111 2 01	ww 3 1932 to Jan 16 193
DATE OF BIRTH (month, day, end year) 17 /2 3/192	8 liatteew h. 21 elive on Jan 16 1933 deeth is
	SS then to heve occurred on the dete steted above, et
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or perticuler	min. were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	2 1 0 0
	gen gen
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	3 1 1
0. Dete deceesad last worked at this occupation (month and spent in this	1 chapteria
yaer) occupation	followed by acute
2. BIRTHPLACE (city or town) Middle lowers	Other Contributory Causes of importence: Wileston
(Stete or country) Md	Drongle of Bullion
13. NAME Tussell . Hoffman	The state of the s
14 PIDTUPI ACCIONAL MAN AND AND AND AND AND AND AND AND AND A	Name of angelian
14. BIRTHPLACE (city or town) Meddle lower (State or country) Wars de la delaction de la country)	Nema of operation Dete of What test confirmed dispussion
	Whet test confirmed diagnosis? Was there en autopsy?
00.	23. If deeth wes dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury, 19
The state of the s	Where did Injury occur? (Specify city or town, county and State)
NINFORMANT JUSSELL J. Hoffman	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) My dellelough Marylan	d
B. BURIAL CREMATION, OR REMOVAL Britheray	Mennar of injury
Place Victoria Compate 1850	Nature of Injury
O. UNDERTAKER TO IT. Sladbill	24. Was diseese or Injury In any way related to occupation of deceesed?
(Address) medalologen, Jud.	If so, specify
FILED It- James 1933 Joan Mely	(Signed) Show Harp
The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago	
BURRAU V.	5.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

MARGIN RESERVED FOR BINDING

NG INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	that it may be properly classified. Exact statement of OCCUPA-	cions on back of certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 60545
1. PLACE OF DEATH	<u> </u>
County & Algred	Registration Dist. No. 136
Village or City Attackers	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Holland	d
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
- 44 14 22	Jan 14 1, 1933, to yan 14, 1933
6. DATE OF BIRTH (month, day, and year) 2014 1933	I last law harman alive on
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
A D Industry or business in which	asphysia Neorstorum
work was done, as SILK MILL, SAW MILL, BANK, etc.	
a pont in this	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
E A 24 - to Paris de 2	
14. BIRTHPLACE (city or town) () The Reconstruction (State or country)	Name of operation
I 15. MAIDEN NAME C. R. Thoring V. See.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (atheine V. See 16. BIRTHPLACE (city or town) Think Hill	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
17. INFORMANT Juria P. Halland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) a dann stown md. R.T.R	
18. BURIAL, CREMATION, OR REMOVAL Place Prelandmone Jan 15, 1933	Manner of injury
19. UNDERTAKER driving & Holland	24. Was disease or Injury In any way related to occupation of deceased?
(Address) adandstours	If so, specify
20. FILED Janu 14., 19 23 94 C. Hundrelson.	(Signed) G. J. J. J. J. M. D. (Address) Frederick M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

U	0	5	4	G

STATE OF MARYLAND-	CERTIFICATE OF DEATH UUD40
1. PLACE OF DEATH	
county ctrederick	Registration Dist. No. 3 9
	in No. Und. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds., How long in U.S. if of foreign birth?
2. FULL NAME GLORGE D. 14	olt ot
(a) Residence: No. \$ 6 1 Wordward (Usual place of abode)	St., Ward. VS all to Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIEE MANY M. Holt	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 0 ct 15.18 77	Tast saw harm, elive on Jan 11 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:10 A m.
55 2 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end.)	Bulmonary Tuberculosis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month effully 1932 spart in this 5 yrs occupation)	
12. BIRTHPLACE (city or town) South Carolina (State or country)	Other Contributory Causes of importance:
13. NAME JOHN FOLL	
14. BIRTHPLACE (city or town).	Name of operation Date of Date of
15. MAIDEN NAME VA 6 544 FC 54 A	What test confirmed diagnosis? CNUM X Cary DO. Was there an au opsy? NO
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT 90. D. Holt, Canadmission	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md. Date When Date	Manner of injury
19. UNDERTAKER L. C. Saager (Address) Thurmont de ager.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1. 19 Registrar.	(Signed) Lewards. Shaffer M. D. (Address) Late Sanatorum Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- 100 V
County Frederics	Registration Dist. No. 131
Village or City Tredirick	No. There City Hospiestal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stuffard Mrs Jan	mie 100
(a) Residence: No. Scheneva M. (Usual place of abobe)	, St., Ward. New Turf If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That The word	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) Wife of Julian Hubbard	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	Mast saw h alive on , 192 3; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date states above, at
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEPER, etc.	1-3-8
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Byrcho & Neumonia
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation	
- Frederick	Other Contributery Canses of importance:
12. BfRTHPLACE (city or town) (State or country)	pp hat you
13. NAME Eliene Howe	from Uprans fulls
13. NAME LA LINE TO THE TAIL OF THE STATE OF	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Catherin Roules	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Catherine Roudley 16. BIRTHPLACE (city or town) Scarking Co.	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT The them Albert (Address) Schenes My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plato Openerous My Date / 2, 1933	Nature of Injury
19. UNDERTAKER O. E. Coline + For (Address) Freduce, Find	24. Was diseased injury in any way related to occupation of deceased?
20. FILEDI Jam, 198 8 Doa meluely.	(Signed) (Address) Frederick M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10548
1. PLACE OF DEATH	(8)
County Frederick William &	110 Lies Modelo Hande Registration Dist. No. 3
Village or City Frederick City	No. St., Ward
Length of rasidance in city or town whera daath occurred 30 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Emma Lae His 149(a) Residence: No. 7 se derick Md, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Tulite Married (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Huntgberry	22. 1 HEREBY CERTIFY, That Lattended deceased from 128 to 27 January, 1933
6. DATE OF BIRTH (month, day, and year)	I last/saw half falive on 27 face 1,193 ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 1.27.m.
57 3 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	accidental Burner 8,33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) - 12.	
12. BIRTHPLACE (city or town) Bojonstone	Other Contributory Causes of importance:
	16. It Empleyed
E	[]
[14. BIRTHPLACE (city or town) I Maddle Louis (State or country)]	Name of operation
The state of the s	What test confirmed diagnosis? Was there an autopsy? V/2
15. MAIDEN NAME Lester a Stull 16. BIRTHPLACE (city or town) Middleton	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / Maddelows (State or country)	Accidant, suicide, or homicide? Wetterflus Date of Injury 9. 1614, 19.73.
(State of Country) & red. Co. Ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles & Huntsberry (Address) Fredrich Md. 140 FO, church St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Books from Mausoley Date January 30 19.3.3	Manner of injury fell & lifefred Bucker 1 west
Place 2000 Manso (Manso (Manso (Manso (Manso)) . 1933	Nature of injury & survey 1 13 Cerca 1 13000
19. UNDERTAKER Doorsloop Wid.	24. Was disease or injury in any way related to occupation of daceases. Teo
20. FILED 27 Jan 1933 Amelical	(Signed) Aromania M. D. (Address) Andlando M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritës	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1933	July 5,1927	Peritonitis	3 days ago
	BURRAU V.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	W B I
Gallstones		May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where deeth occurred yrs 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME II Grellet Jones, N. D. (a) Residence: No. Jefferson, 3t. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1	L PLACE OF DEATH		940	
Length of residence in city or town where death occurred yr		,		Registration Dist. No. 13	2
(a) Residence: No. Jefferson, 3t. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINCLE MARRIED, WIDOWED, OR DIVORCED Confect the word) 7. ACE Years Montps 10 Days 11 LESS than 1 day, hrs. 12. DATE OF BIRTH (month, day, end year) ACE Years Montps 12. Trade, profession, or perticular kind of work done as SININER, Postared SAW MILL BAIK, set. SAW MILL BAIK, set. 10. Date dessessed last worked et 6/32 11. Total time (years) 50 ocrupation Other Ceatributery Causes of importance: What Lest confirmed diagnosis? Was there an autopayy. 220 11. Informant Local Confirmed				If death occurred in a hospital or institution, give its NAME instead of street and nu	
(a) Residence: No. Jefferson, 3t. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINCLE MARRIED, WIDOWED, OR DIVORCED Confect the word) 7. ACE Years Montps 10 Days 11 LESS than 1 day, hrs. 12. DATE OF BIRTH (month, day, end year) ACE Years Montps 12. Trade, profession, or perticular kind of work done as SININER, Postared SAW MILL BAIK, set. SAW MILL BAIK, set. 10. Date dessessed last worked et 6/32 11. Total time (years) 50 ocrupation Other Ceatributery Causes of importance: What Lest confirmed diagnosis? Was there an autopayy. 220 11. Informant Local Confirmed		2. FULL NAME Pli Grel			
3. SEX white Single Marker D. OR DYGREED (worlet he word) 5a. It married, widowed, or divorced HUSBARD of (or) Wife of larry P. Shafer 5a. It married, widowed, or divorced HUSBARD of (or) Wife of larry P. Shafer 5a. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days IILESS than I day, hrs. or min. 8. Trade, profession, or perticular kind of work done; as SPINNER, Retired. 8. Trade, profession, or perticular work was done, as SILK MILL. Practicoing Physician Shafer or business in which profession or perticular work was done, as SILK MILL. Practicoing Physician Spanin this occupation on which are construing to the physician occupation. 12. BIRTHPLACE (city or town). Main Q. (State or country) 13. IS, MANDEN NAME Sibil Dudley 14. BIRTHPLACE (city or town). Main Q. (State or country) 15. IS, MAIDEN NAME Sibil Dudley 16. GIRTHPLACE (city or town). Main Q. (State or country) 17. INFORMANT Mas. Pli G. Jones. 18. BURIAL CREAMING, OR REMOVAL Place Miles of Country and State). Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place. 18. BURIAL CREAMING, OR REMOVAL Place Miles or injury in any way related to occupation of deceased? Manner of injury. 19. UNDERTAKER R. P. Stochison & Son.			son, St.		State
The procession of perticular sind of work done as SPINNER, SANYER, BOOKEEPER, etc. 10. Date of birth procession of perticular sind of work done as SPINNER, SANYER, BOOKEEPER, etc. 10. Date decased late witch occupation (month ed 6/22 it), Total time (years) Society of country) 12. BIRTHPLACE (city or town). Main 2 it), SIRTHPLACE (city or town). Main 2 it), SIRTHPLACE (city or town). Main 2 it. 13. MAME Pli Jones. 14. BIRTHPLACE (city or town). Main 2 it. 15. BIRTHPLACE (city or town). Main 2 it. 16. BIRTHPLACE (city or town). Main 2 it. 17. INFORMANT Mas. Pli G. Jones. (State or country) 18. BURIAL (REMOVAL). Main 2 it. 19. BURIAL (REMOVAL). Main 3 it. 19. BURIAL (REMOVAL). Main 4 it. 19. BURIAL (REMOVAL). Main 5 it. 19. BURIAL (REMOVAL). Main 6 it. 19. BURIAL (REMOVAL). Main 7 it. 19. BURIAL (REMOVAL). Main 8 it. 19. BURIAL (REMOVAL). Main 8 it. 19. BURIAL (REMOVAL). Main 8 it. 19. BURIAL (REMOVAL). Main 9 it. 19. BURIAL (PERSONAL AND STATE	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of (or) WIFE of Mary P. Shafer 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Month Days II LESS than I day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SYNNER, Petired Sand of work done, as SYNNER, Petired Syndry, Booknet Practicular kind of work done, as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Practicular kind of work done as SYNNER, Petired Syndry, Booknet Syn	1	male white	OR DIVORCED (write the word)	1 26	
T. AGE Years B2 Amounts R2 Amounts R2 Amounts R2 Amounts R3 R7 R7 R8 R8 R8 R8 R8 R8 R8 R8	5a.	UHCDAND of	nafer		
kind of work done, as SPINNER. SAWYER, BOKKEPPE, etc. Brindustry or business in which work was done as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et tyear) (State or country) 13. NAME Pi Jones. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Sibil Dudley 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Rig. Jones. (Address) Widdletown, Mr. 18. BURIAL, CREMATION, OR REMOVAL Place Mrs. Olivet. Gen. Fred. Date. Jane. 282., 1953. 19. UNDERTAKER R. Ptchison & Son. 24. Was disease or injury in any way related to occupation of deceased? Mrs. 24. Was disease or injury in any way related to occupation of deceased? Mrs. 24. Was disease or injury in any way related to occupation of deceased? Mrs.	7.	AGE Years Month	Days II LESS than I day,hrs ormin.	to have occurred on the date stated above, at	death is said
(State or country) 13. NAME Eli Jones. 14. BIRTHPLACE (city or town) Maine (State or country) 15. MAIDEN NAME Sibil Dudley 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Eli G. Jones. (Address) Widdletown, M. 18. BURIAL, CREMATION, OR REMOVAL Place Mrs. Olivet Gen. Fred Date Jane 28, 19.57. 19. UNDERTAKER 18. Etchison & Son. 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Mame of operation. What test confirmed diagnosis? Was there an autopsy? 26. What test confirmed diagnosis? Was there an autopsy? 26. 25. It death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation. What test confirmed diagnosis? Was there an autopsy? 26. Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? 26. Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation. Nature of injury in any way related to occupation of deceased? Name of operation. Name of operation. Name of operation. Name of operation. Nature of injury in any way related to occupation of deceased? Name of operation.		kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year)	Practiceing Physician /32 Il. Total time (years) 50 spent in this occupation) sun 26
What test confirmed diagnosis? Was there an autopsy? 220 15. MAIDEN NAME Sibil Dudley 16. BIRTHPLACE (city or town)	~~	(State or country)			
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT like Eli G. Jones. (Address) Widdletown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place It. Olivet Gem. Fred Date Jan. 28, 19.53. 19. UNDERTAKER 10. R. Etchison & Son. 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	_	14. BIRTHPLACE (city or town)	in o		itopsy?_220
18. BURIAL, CREMATION, OR REMOVAL Place Wit. Ol. ivet. Gem. Fred. Date. Jan. 28, 19.53. Manner of Injury Nature of Injury 19. UNDERTAKER 1. R. Etchison & Son. 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?		16. BIRTHPLACE (city or town) (State or country)	Main C	Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State)	, 19
13. UNDERTARER	18.	BURIAL, CREMATION, OR REMOVAL			
20. FILED ON 27, 1933 De Trolpora Jessel (Signed) AT Jel und gur M. C. (Address) 303 S. Dunlay Gerland Med		(Address) Frederuck	Trale of Creek	(Signed) At July and general	720 M. D.

If more blinks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	B. Aleksan	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
	muy 1,1323	CHAIR OUTELL EVO	1 year

5	ACE OF DEATH	1:-88	139
	illage or City	Laco a tissua	Registration Dist. No. 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mage of City_2	anvitation (1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
L	angth of residenca In city or town where	death occurredyrsmo	s.e. 5 ds. How long in U.S. if of foreign birth?yrsmos
2. Ft	JLL NAME	ux (1 194	there is at her
(Residence: No. 6019	(Usual place of accode)	UStave Ward. 2 a. W. J If nonresident give city or town and State
F	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	rried, widowed, or divorced	1-1100	(Yea
(01)	Enely	M. Keller	22. I HEREBY CERTIFY, That I attended decased
6. DATE	OF BIRTH (month, day, and year)	rarch 29.1892) I last saw him elive on Jan. 14, 1933; death I
7. AGE	Years Months	Days If LESS than	to have occurred on the data stated above, et 5:40 Pm.
	4219	1 dey,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO 1	rade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	urchasing aat	D
UPATI 6	ndustry or business in which		Jummary whereelosis
0 -	work was done, as SILK MILL, SAW MILL, BANK, etc	11 7-14-14-1	
0 %	this occupation (month and wov	11. Total tima (yaars) spant In this 6 yr	4
	HPLACE (city or town) WW	ryland.	Other Contributory Causes of Importance:
~	IAME George a.	Reller	
프	IRTHPLACE (city or town) M	vuland.	Nama of operation.
	(State or country)	+0 0 0	What test confirmed diagnosis? Churt X ray Fox: Was there an au opsy?
15. N	MAIDEN NAME TURAL	elle rugent	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. A	(State or country)	rigiana.	Accident, suicide, or homicide?
17. INFOR	RMANT Cryril a Kl Address) 601 Springshi	ller Conadnussion	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	AL, CREMATION, OR REMOVAL	de la	Manner of injury
Р	lace Rallo M	1. Date Community	- Nature of injury
19. UNDE	RTAKER M. L. CO	lager,	24. Was disease of injury in eny way related to occupation of deceased? 100
(Address) Thurno	My Md.	If so, specify CAAMA A A A A A A A A A A A A A A A A A
2D, FILED	1/4/33,19	Registrar,	(Signed) & Common and
	If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 00550

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	11.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ENED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
T. S. Y. DAGGER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. If of foreign birth? _____yrs, ____mos. ___ ds. atement YSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. BINDING 5a. If marriad, widowed, or Proceed HUSBAND of HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month/dat, and year) properly 7. AGE Years Davs Months II LESS than to have occurred on the date stated above, at 1 day.hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or _____min. 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. OCCUPAT may pluods 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc.... 10. Data deceesed last worked at 11. Total time (years) this occupation (month and spent in this that occupation . Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See n plain (State or country efully What test confirmed diagnosis?_____ Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: im port 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ DEA' (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. pluods Verv OF (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury CAUSE mation LION Nature of Injury (Address) If so, specify (Signed)____ 20. FILEO Den ż (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
EAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

f.	6	gen b n	P	2
U	U	U	U	W

1. PLACE OF DEATH	(//-2)
County tredinds Wasses the Com	Registration Dist. No./ 3/=
VIIIage of City Frederick	
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrs,	nosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Donald Gordon It	enner,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (write the word)	21. DATE OF DEATH Aug. 7 7 7 1933. (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	(1531)
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 1921-9-J	Mast saw h 123 alive on 22/ 1953; death is sa
7. AGE Yaars Months Days If LESS than	To have occurred on the data stated above, at 15 10 1 m.
// 24 /7 1 day,hi	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at home	Date of ones
kind of work done, as SPINNER, At homes SAWYER, BDOKKEEPER, etc. 9 Industry or businass in which	Unfluenza. 1-jay.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, At SAWYER, BDOKKEEPER, etc. 9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spont in this occupation.	
lacanall. L.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	at lititish to
	- wan surrays it of prod
Polyton	
(State or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an au'opsy?
24	23. If daath was due to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
2/- 2- 19	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND MARKET Ballo.	Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. ALMONAU TO L. Los.	Manager of Late
Place arriely Burial Grounds Jarry - 2 4 = 193:	Manner of Injury
1/2 m 21-01-1	Natura of Injury
19. UNDERTAKER 6:/M. 0/4613	24. Was disease or Injury In any way ralated to occupation of deceased?
	If so, specify m. Arnith M. (Signad)
20. FILED 2 - James 1983 Com melinely	(Joighau)
Registrar.	(Address) - A Manufactorial Mark

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 dans ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 10000
County Frederick	Registration Dist. No. 134
Village or City Emitaling	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as. Z. ds. How long in U.S. If of foreign birth?
2. FULL NAME Wear war aret (a) Residence: No. (Usual place of boode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Jewale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF PEATH (Month) (Dey) (Year)
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, dey, end year) four 10 - 1933	I last sew h S alive on Jan D 1933; death is said
7. AGE Yeers Months Deys If LESS then f dey,hrs	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 1D. Dete deceased last worked at this occupation (month and spent in this	suffication 1/12/3.
12. BIRTHPLACE (city or town) (State or country)	Other Coatributery Causes of Importence:
13. NAME Joseph Cool	
13. NAME Joseph Cool 14. BIRTHPLACE (city or town) Xillentown (State or country)	Name of operation Date of Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Catherine & Kriet 16. BIRTHPLACE (city or town) Jainfreed (State or country) 17. INFORMANT Rossis & Kriet	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Francischer Led Date Jon / 13, 193	Menner of injury Chalda face became Consess Neture of injury apply at 1 at 1 and 1
19. UNDERTAKER The Jo Shiff J. (Address) Emiliabling) rud.	24. Wes disease or injury in any wey releted to occupetion of deceased? If so, specify
20. FILED Jan 12, 1933 Mot a Shaff Registrar.	(Signed) At Determan M. D. M. D. (Address) Emmitshing Mich

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were ns follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state of

ADDITIONAL STACE FOR FURTHER STATEMENTS OF PRISICI	DDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA	JN
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MARGIN RESERVED FOR BINDING

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lei	sh	Jo		
5.—WALLE FLAINLI, WITH UNFADING INA—I HIS IS A FERMANGAL RECORD. EVERY ITEM OF INFO	mation should be earefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH, in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
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500	PH	act		
INT	Υ.	Ex		
LIT	TI	fed.		A STATE OF THE PERSON NAMED IN
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4	ated	oper	tifica	STATE OF THE PARTY OF
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1	PLACE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH	0554	
	County Frede				Registration Dist. No. / 3	/=	
	Village or City	Frederick		1 /-	No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m	Ward	
2	(a) Residence: No.				St., Ward. If nonresident give city or town and	l State	
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. 8		or or race		tRIED, WIOOWED. D (write the word)	21. DATE OF DEATH January 10, (Bay)	, 193_3	
5a.	If married, widowed, or div HUSBAND of (or) WIFE of Cart	therine B	lumenberg		22. Jan 6 ,1932, to Janes 1	deceased from	
6. 1	ATE OF BIRTH (month, d	ay, and year)	arch 28,	1351	Oest saw h. Im alive on 9, 19.73	.; death is sald	
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10-4m.		
	81	9	12	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset	
OCCUPATION	8. Trade, prolession, or kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased lest withis occupation (myear)	in which SILK MILL, Dr , etc	y goods &	erchant Hotions time (years) ont in this upation	Burlo premo	7	
12.	BIRTHPLACE (city or town (State or country)). !kryla			Other Contributory Causes ol importance:		
ER	13. NAME James	Landauer					
FATHER	14. BIRTHPLACE (city or (State or country)		and		Name of operation Oate of What test confirmed diegnosis? Was there an		
MOTHER	15. MAIOEN NAME 5	ophia Nar	yland		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g:	
	(State or country)		oner		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
17.	INFORMANT	derick, 1	id .		opon, mining many occurred in mount, in nome, or in Public Pl	.nvL.	
18.	BURIAL, CREMATION, OR Place 110 Cliv	REMOVAL	ro _{dte} Jan	. 12, 1933	Manner of Injury		
19.	UNDERTAKER 1. R. (Address) Frede	Etchison rick, Md.	& Son.		24. Was disease or Injury In any way related to occupetion of deceased?	no	
20.	FILED // Son	(£ £ £ £ £ £	swa.	Registrar.	(Signed) BODE Starter M. Market M. M	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example_I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE O	SIAIE (or water	YLAND—	CERTIFICAT	0000
	Frederick	19-12-170			Registration Dist. No./3/=
Village or (city Frederick	10 to			k City Hospital st., w
Length of res	sidonce in city or town where	death occurred	yrsmos		r institution, give its NAME instead of street and number)
	ME John West		7(74		
	nce: No. Sout	mou	lound	St., Ward.	Doub, Maryland
(a) Nesidei	ince. No.	(Usual place of	of abode)	Walu.	If nonresident give city or town and State
PERSON	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICA	AL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK	(write tha word)	21. DATE OF DEA	
male	colored	widowe			January 23rd., 193 3 (Month) (Day) (Year)
5a. If marriad, widow HUSBAND of				0 0 11155	
(or) WIFE of	Minnie Weed	OH		22. IHER!	EBY CERTIFY: That I attended decessed f
DATE OF BIRTH	(month, day, and year)	June 20, 18	252	List saw h im alive	() == :/
	ars Months	Days	If LESS than	to have occurred on the dat	te stated above, at . 45 p.m.
7	74 7	3	1 day, hrs.	The PRINCIPAL CAUSE OF	F DEATH and related causes of Importance
8. Trada, profe	assion, or particular	1	ormin.	were as follows:	Date of or
kind of	work dona, as SPINNER, R, BOOKKEEPER, etc.	Laborer		to hrome	e nephrilis 1-19
9. Industry or business in which work wes done, as SILK MILL, County Roads SAW MILL, BANK, etc.			3		
				Prost	stilie - Eystites
	sed lest worked at upetion (month and	37 11. Total tin	me (years) tin this		
year)		oc:u	pation	Other Contributory Causes	of importanca:
	ity or town) Point			J. A	1-1-
(State or cou	intry) Marylai	nd		ance	uq
13. NAME	Beorge Layer				0
	E (city or town) Point	of Rocks	, Md.	Name of operation	Date of
) (3(8(8.0	r country)			What test confirmed diegno	osis? Was there an autopsy? /
15. MAIDEN NA	AME Ellen Calli			23. If death was due to exter	rnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLAC	E (CITA OL TOMIL)	nt of Rock	5,	Accident, suicida, or homici	ide?, Date of Injury, 19
(31919.0		/land		Where did injury occur?	(Specify city or town, county and State)
7. INFORMANT	rs. Lawerence	TIT DILL.A.	•	Specify whether injury occu	urred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
	Doub, Md. TION, OR REMOVAL				
	Ville Col Ce	n. Date .Inn	25. 19 32	Manner of Injury	
				Matere of Injury	// Ne 1
	f. R. Etchison	n & Son.			eny way related to occupation of deceased?
(Addrass)	Frederick	11	- 0 1	Il so, specify	my of mich
20. FILED Y -K	Musey 3 3800	al mil	Rusy.	(Signed)	El a la Contraction de State of
/		1	Registrar.	(Addrass)	

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Ex	ample I	- A - (- (- (- (- (- (- (- (- (Example II	
6		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	FED 0 3899	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ELVERY, O. SANIO	July 5, 1927	Peritonitis	3 days ago
	THE PLEASE TO	S		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

Village or City Italian (Italian occurred in a hospital or institution, give in NAME instead of street and number) Village or City Italian (Italian occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No.	STATE OF MARYLAND-	CERTIFICATE OF DEATH 60558
Village of City Villa 1 Length of residence is city or town phase death occurred ID. yrs. mos. do. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Allow long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. Machine long in U.S. if of foreign birth. yrs. mos. ds. mos. d	1. PLACE OF DEATH	92:0
Langth of residence is city or town whose death occurred D. yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. And wong in U. Sil of foreign birth? yrs. mos. d. Sile of the s	County Thealth	Registration Dist. No. 177
2. FULL NAME (a) Residence: No. (b) Considered of abodic of the color of town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE (b) BURCH (month, day, and year) (c) William (month, day, and year) (c) William (month, day, and year) (d) William (month, day, and year) (e) William (month, day, and year) (e) William (month, day, and year) (e) William (month, day, and year) (f) Days (f) LESS than (month, day, and year) (g) William (month, day, and year) (g) William (month, day, and year) (g) William (month, day, and year) (hours (month, day, and year) (g) William (month, day, and year) (g) William (month, day, and year) (hours) (hour	76	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (b) Usual Jacke of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX (c) COLOR OF RACE (d) Republication of the process of the proce	Length of residence in city or town where death occurred	sds. flow long in U.S. If of foreign birth?yrsmosds.
Clausipleace of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (varie the world) S. DIVORCED (varie the world)	2. FULL NAME MULANY YEAR	yldyman
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OF BACE S. SINGLE, MARKEEN, WIDOWED, OR DIVORCED Curvic the world? 5. ALTE OF DEATH S. DATE OF DEATH S. DATE OF DEATH The PRINCIPAL CAUSE OF DEATH and related causes of importance areas from the date stated above, at the said to have occurred on the date stated above, at the properties of the work and one; as SIK MILL SAW MILL, DAIK, etc. S. Trade, protestion, or particulars S. AWEEN, BOOKKEEP, Plence. S. AWEEN, BOOKKEEP, Plence. S. Will, DAIK, etc. 10. Date decaded last worked at Wall. S. Will, DAIK, etc. 11. Total line (years) Other (gentriselery Casses of importance areas of importance areas of importance areas of importance. What test or country) What is an analysis of the color of the country of the co		
3. SEX 4. COLOR OF RACE S. SINGLE HARRIED, WIDOVED S. HIMPING, Widowed and givered Cor) Wife of Corning of		
Sa. If married, widowed, activorced HUSSAND (Copy) (Year) 22. I HEREBY CERTIFY, Jabl attended deceased from HUSSAND (Activorced HUSSAND) 4. DATE OF BIRTH (month, day, and year) 5. Index profession, or particular with the company of the company		
Sa. If married, videwed, as givorced HUSBARD H	OR DIVORCED (write the word)	January 3/ 1933
HUSBAND of (or) WIFE of Converted to Convert	5a. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day	HUSBAND of S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days II LESS than I day	Junia , nestura	
8. Trade, profession, or particular kind of work dome, as SPINNER, formula SAWER, BOOKEEPER, etc. SAWER, BOOKEEPER, etc. 10. Date deceased last worked at this occupation (month and secapation) 11. Total time (years) spent in this social this occupation (month and spent as spent in this social this occupation) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME SAWER (State or country) 16. BIRTHPLACE (city of town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place STATION, OR REMOVAL Place STATION STATION OF THE STATION OF T		
8. Trade, profession, or particular Rind of work dome, as SPINNER. SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, BAIK, etc. 10. Date deceased last worked at the securation of the companion of the compa		
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17. INFORMANT 11.2 Command of Address Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 19. UNDERTAKER 1.2 Command of Address Specify Signed Manner of Manner of Manner of Manner of Injury (Address) Manner of Manner o	E (State or country) Fred to And	
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20. FILED J. eb. 2, 1933 Anna M. Jones (Address) Through M. D. Registrar. (Address) Through M. D.	Place Lewislown Date Telh, 3, 193	8
20. FILED J. eb. 2, 1933 Anna M. Jones (Signed Marris On Berey M. D. Registrar. (Address) Thursday M.D.		
Registrar. (Address) of human All	1. 1-2 22 / W	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. r.	A Registrar.	

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	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	iritis	1921 Run over by street car 1 u		1 week ago
Cerebral hemorrhage	MAR 3 1933	July 5,1927	Perilonilis	3 days ago
	BURRAU V.S.			
Other contributory ca	nuses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic intermitial portails	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BURN UV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Header.

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County	Trederice	l-		Pagiatust	13	-
	60	7.0		Registrat	tion Dist. No. / 3	7
Village or	City-Lucia	using	(If death occurred in a	hospital or institution, give its N	AME instead of street and no	umb
Length of re	sidence in city or town where	death occurred / J yrs		long in U.S. if of foreign birth		
2. FULL NA	ME Tue	mile m	artin.	THE RESERVE		
(a) Reside	nce: No.		St.,	Ward.		
		(Usual place of abode)			dent give city or town and S	State
	NAL AND STATIST	ICAL PARTICULAR	S M	EDICAL CERTIFICA	TE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		F DEATH	1 nd	
Temse	white	urdowe		(Month)	(Day)	193
5a. If married, wide HUSBAND of	wed, or divorced					
(or) WIFE of	Howard	K. Wanten	22.	HERE BY CERT		
& DATE OF BIRTH	(month, day, and year)	Lau. 25-18	7 / I last saw h	, 19, to.	10	
	ears Months	Days If LES		on the date stated above, at . F	Jeod when	; dea
	61 11	/ 1 day,	hrs. The PRINCIPAL	CAUSE OF DEATH and related	causes of Importance	- 67
8. Trade, profe	ession, or particular	Q or	min. were as follows:	1 . 1		Dat
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	House Las	Le A	the states		200
9. Industry or	business in which		1	10	1.000	
SAW MI	as done, as SILK MILL, ILL, BANK, etc		Was	found dead	- a tertime	
O this occi	sed last worked at upation (month and / 🔰 🛚	11. Total time (years) spent in this	40 at 2.	10.4m.		
year)	7.	occupetion	Other Contribute	ry Causes of Importance:		
12. BIRTHPLACE (C		erect lo	6-7	L		
(State or cou	untry)	manford	wa	ens solen	day	Eg
13. NAME 14. BIRTHPLAC	Welton	Starbough				
4 14. BIRTHPLAC	E (city or town)	redk, Co. U	Name of operation	n	Date of	
(State o	r country)	may ford	What test confirm	ed diagnosis?	Was there an au	l'ops
15. MAIDEN NA	AME Xaus	J. Engler	23. If death was du	e to external causes (VIOLENCI	E) fill in also the following:	
	E (city or town)	redk lo,	Accident, suicide,	or homicide?	Date of injury	,
- (State o	r country)	Moreyous	Where did injury		y or town, county and State)	
17. INFORMANT _	Mas Means	Martin	Specify whether i	njury occurred in INDUSTRY, In	HOME, or In PUBLIC PLACE	CE.
(Address)	TION OF PROMI	utsling u	-			
Place Place	1 1 1 2 T	Conto 1/3	10.33			
	1 - 1	1.	Neture of injury.		7	
19. UNDERTAKER	W. Z. *	shiff f.	1	injury in any way related to oc	Rupation of deceased?	
(Address)	- tu	intering t	If so, specify	Back	(//	
- / Y	3=1933 M	15 V V /11/	(Signed)	PY INDLE	- words	/

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago FEB O LUSS Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SDACE	EOD	PHOTUPD	STATEMENTS	DV	DUVETOT	NT
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	13 Y	PHYSICIA	IN

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00559
of infor- ould state OCCUPA-	1. PLACE OF DEATH	94-6
of of of	County Frederick,	Registration Dist. No. / 3/
item of should of OCC	Village or City Pradoloch Heighto	No. St., Ward
	Length of residence in city or town where death occurred. 15 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS oct statement	2. FULL NAME abby Gertruoli	M. Carolell
D. I SIC tate	(a) Residence: No. Bradalock Hught	St., Ward.
CORD PHYS ct sta	(Usual place of abode)	Il nonresident give city or town and State
RECC. PH.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
L'X .	Temale White OR DIVORCED (write the word)	Month) (Day) 1933 (Year)
IDING MANEN A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgan SM Cardell	22. I HEREBY CERTIFY. That I attended deceased from
C X E	6. DATE OF BIRTH (month, day, and yeer) 2-28-1873	Hast Asw h. 25 slive on au 2/7 1933; doath is said
P. B. d. P. d. F. eaty	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4
FOR IS A P stated properly certifica	59 10 29 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
- 700	8. Trade, profession, or particular kind of work done, as SPINNER,	DETA OF OTHER
TEL THI d be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et Jaw 3 11. Total time (years), this occupation (month and	Carrier Her lain 21 ho
ERVI KK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	Country (Montrosts 1 4 13
		The state of the s
RES ING I AGE that	year) 1943 occupation fulls	Other Cuutributory Causes of importance:
RGIN RI NFADING plied. AGI	12. BIRTHPLACE (city or town) Justings (State or country)	
MARGIN UNFADI supplied. n terms, so		
I d Up te te	13. NAME Clamore & Dames 14. BIRTHPLACE (city or town) D	Name of operation
- CO	(State of Country) Vermanus	What test confirmed diagnosis? Was there an europsy?
	15. MAIDEN NAME Aby Frisher 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
LY, We carefu	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
7 2 4 5	(State or country) Christophrania	Where did injury occur? (Specify city or town, county and State)
PLAII boald b	17, INFORMANT Colgan Stranslated Address) Brandolock Health (1941)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
15 E	18. BURIAL, CREMATION, OR REMOVAL The Officer	Manner of Injury
	Place Theoleuch (Mod Date Jan 29, 1933)	Neture of injury
WRITH mation of CAUSE TION is	19. UNDERTAKER Starry & Carly	24. Was disease or injury in any wey related to occupation of deceased?
No.	(Address) Tradericky Mid.	If so, specify
\$ X	20. FILED Jamy, 1933 Jose & Mccury, Registrar.	(Signed) M. D. (Address) M. D.
	If more blanks are needed, address State Registrar.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE STREET			
Other contributory causes of importance:		Other contributory causes of importance:	THE E
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 60560
1. PLACE OF DEATH	82:0
County Frederick	Registration Dist. No. / 36
Village or City Dellarson hed	No. St., War lf death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmos d
2. FULL NAME america M. M. &	Graine
(a) Residence: No. Mean Dicherson	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH (Month) (Year) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
Que 3-1851	Hast saw h. O. A. Jalive on Desert 6 4 1956; death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
82 5 3 1day, hrs	The state of the s
8 Trada profession or particular	were as follows: Date of one
kind of work done, as SPINNER (Lettice)	allowal neuromore
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Near Greekersony Me	Aliver
(State or Country)	- Setembers 0/ Wige
I 13. NAME To her way a	
13. NAME To her Country).	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
nes 4 00 Book	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Section near the	ē
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oring for the place 1923	Nature of injury
19. UNDERTAKER G. Z. Oliver Tory	24. Was disease or Injury in any way ralated to occupation of deceasad?
(Address) personal red,	(Signed) ANNOCORS M
20. FILED Jon 8 , 1933 4 D Handa Som	(Address) Dinsa'el Land
4	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 6 1033	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TIPT II . S.	July 5,1927	Peritonitis	3-days ago
	1			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00561
1. PLACE OF DEATH	(131)
county tressues	Registration Dist. No. 144
Village or City Humanow	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME Sade & Charles	th M- Kissich
(a) Residence: No Humpful	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOWOR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple votile on DIVORCED (write the word)	January / (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decessed from
(or) WIFE of Y, J, M Tussecto	9 cb. 1, 132 to Jan, 16 1933
6. DATE OF BIRTH (month, dey, end year) //au2-/870	Hast saw here alive on law 76 ,1933; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, atm.
62 8 //3 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	arlenorelerones several years
9. Industry or business In which work was done, as SILK MILL,	arrenlar Librillation 1931
SAW MILL, BANK, etc.	anches furnitarion 1901
11. Total time (years) spent in this occupetion (month end of the year)	
931. 0 0 B	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or gountry)	carone regures kerona genis as
13. NAME/Milarde Class 14. BIRTHPLACE (city or town) 7 and 18	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Classed exam Wes there en eutopsy to
15. MAIDEN NAME Margaret Sleighband	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margareth Aleightand 16. BIRTHPLACE (city or town) 7 am July 18	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT (Address) The see to	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL N B	Menner of injury
Place thurman Date an 20, 1933	Neture of injury
19. UNDERTAKER M La Cereagy Wang	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Ammadon file	If so, specify would all the sound of the so
20. FILED Jane, 18., 1933 anna M. Janes. Registrar.	(Signed) WYC Class to M. D. (Address) Eussubsky help
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business evoid the use of such general terms as "store" "factory" "mill" etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
May 1,1923	Gastroenteritis	_
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

N. B.—WRITE PLAINLY, WATH UNFADING INK—THIS IS A PERMANENT ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	MARYLAND—	- A	OI DEATH	60562
County Theelh	4	~ <i>\$</i>	Registration Dist. No	141
Village or City	with	No		St Wa
Length of residence In city or town where	death occurredyrs,mo	sds. How long in U.S.if o	f foreign birth?yrs	mos
2. FULL NAME	16/might	~		
(a) Residence. No.	(Usual place of abode)	St., Ward.	If nonresident give city or to	own and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEA	
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	(Month) (Day)	ery 31, 19 , 193. (Year)
a. If married, widowed, or divorced HUSBAND of		22. I HEREBY	CERTIFY, That I a	ttanded decaased for
(or) WIFE of			, 19, to	
. DATE OF BIRTH (month, day, and year)	Fan 31-33	I lest saw h alive on	, 1	19; death is s
. AGE You Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		oca
8. Trade, profession, or particular	101	wera as rollows.		Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Wiel.	4	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Hellon	•	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
2. BIRTHPLACE (city or town). (State or country)	with	Othar Contributory Causes of impo	ortance:	
1 27 / 1	The total of			
13. NAME Acceptable 14. BIRTHPLACE (city or town)	= Companyer			
14. BIRTHPLACE (city or town)	a ·	Name of operation		
15. MAIDEN NAME KALEO	of Lalent	What tast confirmed diagnosis?		
	s rovery-	23. If death was due to externel cer		
16. BIRTHPLACE (city or town) (Stata or country)	e	Accident, suicide, or homicide?		, 19
INFORMANT / Letard ?	& hubanger	Where did injury occur?	(Specify city or town, county	and State) BLIC PLACE.
(Address)	Ind Sam 11 00	Menner of Injury		
Place 13/1/00/00/16	Data YUVV 3 1 . 1937	Nature of injury		
9. UNDERTAKER ON THE (Address)	to & Son	24. Was disease or Injury In any w		
0. FILED PAN 31, 19 32 MM	s. N. S. Hidaso	(Signed)	Wall of	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		E001 .	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCLPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county trederick	Registration Dist. No. 140
Village or City Near Production	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine Un	n Measell
(a) Residence: No. Hansontill (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, as divorced HUSBAND of Cor) WIFE of Jacoh Measell	22. I HEREBY CERTIFY, That I attended deceased from 25. 25. 1932, to January 25. 1933
6. DATE OF BIRTH (month, day, and year) august 17-1849	I last saw h LL alive on Josef 75 , 19 33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, X	Were as ronows. Date of onset
SAWYER, BOOKKEEPER, etc.	Cuterio-selerosid 5 yrs.
9. Industry or business in which work was done, as SILK MILL, Ouen home	lago.
O To-Date deceased last worked at 10 11. Total time (years)	
this occupation (month and yaar) spant in this yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Charles Sull	Other Contributory Courses of Importance.
13. NAME John Sampeller	
14. BIRTHPLACE (city or town).	Name of operation
(Gata of County)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Martha Lease	23. If death was due to axtarnal causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME Martha Lease 16. BIRTHPLACE (city or town) Talkyrovelle (State or country)	Accident, suicide, or homicide?
(State or country) + 146 & 5 Mg	Where did Injury occur?(Specify city or town, county and State)
(Address) To doboro ma	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place. Date Jan 27, 1933	Manner of injury
19. UNDERTAKER Cereagy Hand	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 1/26 , 1933 LE Registrar.	(Signed) 1026 h It Song M.D. (Address) If all pleaville Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	U J x
1. PLACE OF DEATH .		48	1
County Frederics	<i>_</i>	Registration Dist. No.	10
Village or City Delor	Δ	No	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and n How long in U.S. if of foreign birth?	
hu.	01.18/2		
2. FULL NAME // Clerce	and free	ages	
(a) Residence: No. / LLa	(Usual place of abode)	ot., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOB OR RACE Final 4. COLOB OR RACE Final 5a. If married, widowed, or divorced	5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 <u>3</u> (Yeer)
HUSBAND of Cor) WIFE of Joshu	a & Rentger	22. I HEREBY CERTIFY That I attended 19.32, to Jacus. 15	deceased from
6. DATE OF BIRTH (month, day, end year)	no. Q-1861	Hast saw hay alive on 1933	; deeth is seld
AGE Years Months	Deys If LESS than 1 day,hrs.	to have occurred on the date stated bove, at	
1113	0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ongern b	2	165
9. Industry or business in which		Cleremona Julius	1920
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	manne	<u> </u>	
10. Date deceased last worked at this occupation (month end	930 11. Total time (yeers) 350		
year)	occupation	Other Contributory Causes of importence:	
2. BIRTHPLACE (city or town) (State or country)	on lidge	-	Oca
1	1-01	yeural curconomalor	103.
13. NAME Xerry	Lenn		770
14. BIRTHPLACE (city or town) (State or country)	mot	Neme of operation	
1	ma thull	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town)	knas	Accident, suicide, or homicide?	
(State or country)	na,	Where did Injury occur?	
17. INFORMANT Johna / (Address) Restor	6 mentain	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Ta 50 35	Menner of injury	
Place Hangus	Oate 1 7 01933	Nature of injury	
19. UNOERTAKER A LENE (Address)	Inown ma	24. Wes disease or Injury In any way related to occupation of deceased?	ns.
	1		-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THREAT V.B.	8			
Other contributory causes of importance:		Other contributory causes of importance:	216	
Gollstones	May 1,1923	Gastroenteritis	1 yeor	

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
250 24 2				
V V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods of Registration Dist_ No. / Willage or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _______vrs. Length of residence In city or town where death occurred ____ds. (a) Residence: No. RECORD. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) merrice (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1933, to and 11 1933 (/A...... 19.33; death is said 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months If LESS than to have occurred on the date stated above, at 12:20 0.m. Davs I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Dete of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, ZOOC SAWYER, BOOKKEEPER, etc. Jo may back 9: Industry or business in which work was done, as SILK MILL should SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation ___ instructions Other Coutributory Couses of importance. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTAPLACE (city or town Name of operation plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: in Accident, suicide, or homicide?______ Date of injury______ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNDERTAKER (Address) If so, specify 20. FILED 11 - 1 acm Registrar. If more blanks are needed, address Star Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00567
	1 PLACE OF DEATH	100
onld OCC	County Frederich	Registration Dist. No. / 4/
item of should of OCC	Village or City Jerederich	No. St., Ward death occurred in a horbital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred Zayrsmos	
CORD. Every PHYSICIANS	2. FULL NAME Tillie Marity Mu	Clinia 1
D. J SIC tate	(a) Residence: No. 1906 Rockwell Herae	R St., Ward.
CORD PHYS ct sta	(Usual place of abode)	If nonresident give city or town and State
RECO Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
H H H	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	193 (7
I'L FEN.	5a. If merried, widowed, or diverted All	fan (Month) (Day) (Year)
BINDING PERMANEN EXACT y classified te.	HUSBAND of COP WIFE of Pulling	HEREBY CERTIFY, That I ettended deceased from
BINI ERM. EXA class	6 16/A	December 30th 1932 to January 6th, 19 33
BI PEH E I I I I I I I I I I I I I I I I I I	6. DATE OF BIRTH (month, day, and year)	I last saw h. er alive on January 6th, 19 33; death is said
R A A Ber Fred Fred Fred Fred Fred Fred Fred Fr	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR BI IS A PE stated E properly certificate.	/ do D / ormin.	were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, Retired	Pneumonia (lobar)
VE TH Id Id	9. Industry or business in which	
VK-T) should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
(1)	spentin this	
RES I	year) occupation.	Other Contributary Causes of Importance:
4 4	12. BIRTHPLACE (city or town) Sceamed City	
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country) Frederick Co (And.	
MARGI UNFA supplied n terms, ee instri	13. NAME AS COLOR Many 14. BIRTHPLACE (city or town) rederich City	
	14. BIRTHPLACE (city or town) The design (State or country)	Neme of operation
F 17 17		What test confirmed diagnosis?
W W in in ant	E	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town) 18 (State or country) 18 (State or c	Accident, suicide, or homicide?
in E be IN	Man af a Dan las	Where did injury occur?
E PLAINLY should be carried of DEATH	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
- 40	18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
	Place He Clevele Date Fun 9, 1933	Nature of Injury
WRITE mation si	19. UNDERTAKE & Cline & Corp	24. Was disease or injury in any way related to occupetion of deceased? NO
FOR L	(Address) Lecturely Mil	It so, specify
wi m	20 FILED9 - auray, 183 ooa Internely	(Signed) Cottoully. M. D
> Z	Registrar.	(Address) Frederick, Maryland.
	If more blanks are needed, address State/Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	1.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. No.

MARGIN RESERVED FOR BINDING

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FEB 2 1833			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED

1. PLACE OF DEATH	CERTIFICATE OF DEATH 0056
County Frederick	(92-0)
	Registration Dist. No. 100
Village or City Warthlows	NO. St., W If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME Benjamin & help	A-7 /
(a) Residence: No.	0.7.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	(103)
(or) WIFE of mary m nelson	22. HEREBY CERTIFY That I attended deceased f
DATE OF BIDTH (most)	19 33 , 10 , 19 8
DATE OF BIRTH (month, day, and year) (U.g., 10, 18) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 1 m.
50 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Organic Walnuta Date of or
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Colours of the Valletan
9. Industry or business in which	mesu- verefect
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this	
year) occupation	Dther Cantributary Causes of importance:
2. BIRTHPLACE (city or town) Maryland	Driet Cantibulary Causes of Importance.
(State or country)	
13. NAME Bassil P. relson	
13. NAME Basil P. Relson 14. BIRTHPLACE (city or town) maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Houle Was there an autopsy? H
15. MAIDEN NAME Mary ann arthur	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country) // (ary sand	Where did injury occur?
7. INFORMANT Mrs Thomas Burgee	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Intaine ma	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marin Chapel Date Jan 18, 1933	Nature of injury
9. UNDERTAKER 7. M. Sneeder	24. Was disease or Injury In any way related to occupation of deceased? Ho
(Address) mt airy f md	If so, specify
O. FILED Jan. 17, 1933 L. F. Falconer	(Signed) armed To Hook
Registrar.	(Address) New Market Way

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1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
OR BINDING	S A PERMANENT	tated EXACTL	roperly classified.	rtificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-THIS I	y supplied. AGE should be s	ain terms, so that it may be p	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WI	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county trederick	A Registration Dist. No. 140
Village or City Oak Hill-near hoodse	St., Ward
. 16 / 4	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred	ds. How long in U.S. if of foralgn birth? yrs. mos. ds
2. FULL NAME / CANY SINGE	n Michols
(a) Residence: No. Algaritation (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Jes. T. Richold	1 HEREBY CERTIFY, That I attended deceased from
Jan 31-1513	1932, 10 1933; 1933; death is sai
DATE OF BIRTH (month, day, and yaar) WALL S 6 8 5. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11. 9. m.
/9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trada profession or particular	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Counselment SAWYER, BOOKKEEPER, atc.	Coting selling 192
9. Industry or business in which	Wiscon - William I I -
skind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and	-
year) occupation Togs	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) adleghing	0 60
(State or country) Fredky tex) ma	Cerebral Urombosis 193
13. NAME Indrew Jacks Steple 14. BIRTHPLACE (city or towny Near Production)	
14. BIRTHPLACE (city or town) Near hordshow	Name of operation Date
(State of country)	What test confirmed diagnosis? Was the autopsy?
15. MAIDEN NAME Sarah 6. albanah	23. If daath was due to axternal causas (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Sand 6. alband 16. BIRTHPLACE (city or town) Near hands	Accident, suicide, or homicida? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leo. + p Richals	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Notastono Md	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of înjury
Place from Askoro Date 1119 13, 193	Nature of injury
19. UNDERTAKER To tereasu of an (Addrass) Tommondown Ma	24. Was disease or injury In any way ralated to occupation of dacaased? 24.
20. FILED 1/13 , 1933 LE Pouvelle Registrar.	(Signed) Plalengo M. Deller M. (Address) Delour 2nd.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	1,4
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred. — yrsmos3s. How long in U.S. If of foreign birth?yrsmos	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00571
Village or City Village or City Langth of residence in city or town where death occurred . 7. yrs	1. PLACE OF DEATH	82-0
Length of residence in city or town where death occurred 7.2 yrs	County fream	Registration Dist. No. /3/=
Length of residence in city or town where death occurred. It was a second of the control of the		No. If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. D. H. C. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Comme that word) St. If married, widowed, or divorced (or) WHE of Color WHE of Corp.	Length of residence in city or town where death occurred 72 yrs.	ds. How long in U.S. if of foreign birth? yrsmos
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY That I attended de MUSSAND (Month) 25 (Day) / 93 CO (Month) 26 (Day) / 93 CO (Month) 27 (Day) / 93 CO (Month) 27 (Day) / 93 CO (Month) 28 (Month) 29 (Mon	2. FULL NAME Sophing M	magle
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Sa. If meritad, widowed, or divorcad wurstand on which work with the standard of work done, as Shinker. 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade, profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done as Shinker. 8. Trade profession, or particular wire done done as Shinker. 8. Trade profession, or particular wire done done as Shinker. 8. Trade profession, or particular wire done done as Shinker. 8. Trade profession, or particular wire done done done as Shinker. 9. Trade profession, or particular wire done done as Shinker. 9. Trade profession, or particular done done as Shinker. 9. Trade profession, or particular done done as Shinker. 9. Trade profession or particular done done as Shinker. 9. Trade profession or particular done done done done done done done don	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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		E date ien ma
If more blanks are needed, address Space Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	If mose blanks are needed, address Spise Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of sueli indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsot	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 6 1933			
Other contributory causes of importance:	7.33	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

County Frederick County Frederick Registration Dist. No. 344 Village or City Accumulation St. W. Wildest or residence in city or town where death optigred 3D ys. most strong in the county of residence in city or town where death optigred 3D ys. most strong in the county of residence in City or town where death optigred 3D ys. most strong in the county of the coun	STATE O	F MARYLAND—	CERTIFICATE OF DEATH 0057
Village or City	1 1	<u></u>	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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15. MAIDEN NAME Pulls M. Bulbring has 23. If death was due to externel ceuses (VIOLENCE) fill In elso the following: 16. BIRTHPLACE (city or town) 22 mg last 2 Accident, suicide, or homicide? Date of injury, 19 17. INFORMANT 24. 74. Proceedid injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 2 mg releted to occupetion of deceased? 18. BURIAL, CREMATION, OR REMOVAL Place Place Injury 19. UNDERTAKER 6 M. D. Altri Caddress Information of the sease of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in any way releted to occupetion of deceased? (Signed) Menter M. D. Registrat. (Address) M. D. (Address) M. D Aug - Mid.	(Stete or country)	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Party 70, 1933 Nature of injury 19. UNDERTAKER (Address) No. 1932 No. 1	15. MAIDEN NAME Rulle n. Bucking have	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Party 70, 1933 Nature of injury 19. UNDERTAKER (Address) No. 1932 No. 1	O 16. BIRTHPLACE (city or town) 2222	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Menner of injury Nature of Injury 19. UNDERTAKER (Address) 24. Wes disease or injury in any way related to occupation of deceased? (Address) 16. So, specify (Signed) Menner of injury Nature of Injury (Signed) Menner of injury Nature of Injury (Signed) Menner of injury Nature of Injury Nature of Injury (Address) Menner of injury Nature	Stete or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Registrat. Menner of injury Nature of Injury Nature of Injury 24. Wes disease or injury In any way releted to occupetion of deceased? If so, specify (Signed) Menner of injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Menner of injury Nature of Injury Nature of Injury (Signed) Menner of injury Nature of Injury Nature of Injury Nature of Injury (Signed) Menner of injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury (Address) Menner of injury Nature of Injury Nature of Injury (Address) Menner of injury Nature of Injury Nature of Injury (Address) Menner of injury Nature of Injury Nature of Injury (Address) Menner of injury Nature of Injury (Address) Menner of injury Nature of Injury Nature of Injury (Address) Menner of injury Nature of Injury	17. INFORMANT It. H. Ft. Pearse	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Principles Company 70, 1933 Nature of Injury 19. UNDERTAKER 6. M. D. Although 19. (Address) 24. Wes disease or injury In any way releted to occupetion of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address)		•••••••••••••••••••••••••••••••••••••••
19. UNDERTAKER 6. M. M. Alth, 24. Wes disease or injury in eny way releted to occupetion of deceased? (Address) Minifield ma, 1932 White fusce (Signed) Mexican B. Pearte M. D. Registrat. (Address) Mr. awy — mid.	V. 1	Menner of injury
(Address) Winfield Mid, If so, specify 20. FILED MI 9, 1932 Walter fusce (Signed) Mentan & Pearte M. D. Registrat. (Address) Mr. airy - mid.	Place Surface	Nature of Injury
20. FILED Jan 19 , 1932 Walter Juste (Signed) Mentan Q. Venter M. D. Registrat. (Address) Jah. airy - mia.	19. UNDERTAKER O. M.	24. Wes disease or injury in any way related to occupation of deceased?
Registrar. (Address) mt. avy - mil.	10.00	
	777777777777777777777777777777777777777	An .
A) MOTE VIANES ATE RECEIER, ADDIES STATE REGISTRAT, 2017 N. Charlet Street Relimove Pagueting 71 C. No		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 00574
1. PLACE OF DEATH	9
County / County	Registration Dist. No. / 3-7
Village or City Fellilles well	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME (managed	· (Pool
(a) Residence: No. Appleantly	St., Ward. Mary Land
(Usual place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH
There was store	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) V 4 1933	I last saw h alive on 19 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of land before
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Misth.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- This constraint (months and should be the	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIBTIPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosts? Was there an autopsy?
E Lillianial	22. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Edwardilaila	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wayneston Date Jan 6. 1933	Nature of injury
m e la la vila	24. Was disease or Injury In any way related to occupation of deceased? 20
19. UNDERTAKER // 1974	If so, specify
1.181-	(Signed) 15 O Maria M.D.
20. FILED Ars. (, 19.33 G V Mercs Registrar.	(Addres Pelle Mi al Furnit
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ii.	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
11		1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		2111
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	734	Example II	V mile
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:	No. 0.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923		1 yea

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1018		
1915	Attack of epilepsy	1 week ago
1921	Run over by strect car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
ay 1,1923	Gastroenteritis	1 year
	dy 5,1927	Other contributory causes of importance:

V. S. No.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 137
Village or City State Sanatorum.	tto. NO St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	
2. FULL NAME WAY YV YU	inpuscin popular
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Almale Whate OR DIVORCED (wing the word)	Jan 2, 198 3
6a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
1, 1, 3 10911	1902 10 200 1190
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	I last sew h 2 alive on 12:44, A
7. AGE Years Months Dys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12.12m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
S Trade expression or particular	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Fractory work SAWYER, BOOKKEEPER, etc.	2111
kind of work done, es SPINNER, tractory work SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, Craw, Cork + Seal SAW MILL, BANK, etc. 11 Total time (years)	Outmonary whereulosis
The state of the s	- U
this occupation (month and May 1932 spant in this 17 400 occupation 17 400	
12. BIRTHPLACE (city or town) Balto . md.	Other Contributory Causes of Importance:
(State or country)	
13. NAME John Rumprisch	
13. NAME TOWN TUNNERSCH	Name of operation Date of
(State of country)	What test confirmed diagnosis? West X ray + on a structure of the an auropsy?
15. MAIOEN NAME Catherine ?	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ama Kumpusch.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 m blow . The way to Care P. Vo. And)	No Mid

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED Registrar. 24. Wes disease or injury in any wey related to occupation of deceased? if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	35 - 1 1022	Other contributory causes of importance: Gastroenteritis	
Unistrico	May 1,1923	distroenterus	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10578)
1. PLACE OF DEATH	
county of rederick	Registration Dist. No.
Village or City Ata te Sanalorum	Mo. St., Ward death occurred in a horpiral or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrsyrs	
2. FULL NAME William H.	Sahm 1 1+
(a) Residence: No. 1 D 4 1 N. Chayel (Usual place of abode)	St., Ward. Dal work Mol. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26, 198 3 (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. Tel HEREBY CERTIFY That I attended deceased from CFeb 2 9 193 2 to 0 cm. 2 6 19 3 3
6. OATE OF BIRTH (month, day, and year) (Fgl. 1. 1893	I last saw h im aliva on Jan: 55, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2. Am.
39 11 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trada, profession, or particular kind of work dono, as SPINNER, SAWYER, BOOKKEEPER, etc	Oulmonary Tuberculoses
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and wov. 193) spant in this occupation.	
12. BIRTHPLACE (city or town) Balto Md (State or country)	Other Contributory Canses of Importance:
13. NAME Fred J. Sahm	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Ella Hurley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT William H. Sahm lanadnission (Address) 1041 M. Changel M. B. al T. Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Jan 26,1933	Manner of injury
19. UNOERTAKER M. L. CAR COLL. (Address) Thurmond M.	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify A
20. FILEO 1/26	(Signed) Alward A. Shaffer M.O. (Address) State Sana Lorum My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00579
1. PLACE OF DEATH	(A)
County Hred new	Registration Dist. No. / 3/=
Village or City of reares	No. City Grafitteef St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) 3. ds. How long in U. S. if of foraign birth?
2. FULL NAME of Herry Offiles	a- (Tall 1 1 A)
(a) Residence: No.) mign Bradge Mid	St., Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OF RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OK RACE OR DIVORCED (write the word) 5a. 11 married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Cary Day	22. I HEREBY CERTIFY, That I attended deceased from
01 071	Jan 15 ,1977, to Jan 1.8 ,133
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. SHadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad las! worked at this occupation (month and this pocularities) and the second in this secon	Cerebral News has a
9. ** ** ** ** ** ** ** ** ** ** ** ** **	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1923 spent in this 40	
12. BIRTHPLACE (city or town) At reasiela Co	Other Contributory Canses of Importance:
(State or country)	Julia mary Go do
13. NAME MAT RNOW	The state of the s
14. BIRTHPLACE (city or town) Stop Know	Name of operation. The Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JOS PRIORIES	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT MANY CASE OF THE PROPERTY OF THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Must be Box Day Date 20, 1933	Manner of injury
19. UNDERTAKER DA Doroller J. Sens Ance	24. Was disaase or injury In any way related to occupation of deceased?
(Address) Junion Pong gerud.	If so, specify Thomas
20. FILED F January 1939 Jooa Meluif	(Signed) M.D. (Addrass) Trederus Turk
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BURFAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

i		DEA"	ТН	700		(84)	
	County]					Registration Dist. No. /2/= No. Frederick City Hospital St., V	
	Village or C	ity Fr	ederick		A		
	Length of residence in city or town where death occurredyrsmos					If death occurried in a hospital or institution, give its NAME instead of street and number) s. O Microsoft Street and number) s. O Microsoft Street and number)	
2	. FULL NA	ME	John Tho	mas Sche	201		
	(a) Resident		10	n PI	1ks	St. Ward. Point of Rocks, Md.	
eCitation (ce of abode)	If nonresident give city or town and State	
		1	D STATIST	CAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3, 5	male		r OR RACE	5. SINGLE, MA OR DIVORC Singl	ARRED, WIDOWED, CED (write the word)	January 3, (Day) (Yea	
5a.	If married, widowe	ed, or divo	rced				
	(or) WIFE of				~	22. I HEREBY CERTIFY. That t attended deceased	
6. D	ATE OF BIRTH	month day	and year) Se	ept. 12.	1915	I last saw him alive on 9 au 3 1933: deeth is	
7. A			Months	Days	If LESS than	to have occurred on the data stated above, a 454m.	
	17		3	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
ATIO	Industry or b	usiness in	as SPINNER, PER, etc	Lt. Home	*	intestional Obstruction us	
OCCUPATION	work was SAW MtLl Date decease this occup year)	ork done, BOOKKEE ousiness in done, as S L, BANK, e d last wor nation (mon	as SPINNER, PER, etc. which SILK MILL, etc. ked at nth and	11. Total sp oc	time (years) sentin this cupation	Other Contributary Causes of importance:	
12.	work was SAW MtLl Date decease this occup	ork done, BOOKKEE business in done, as S L, BANK, e d last wor pation (mor	as SPINNER, PER, etc. which SILK MILL, etc. ked at nth and	11. Total sp oc	time (years) sent in this scupation	Other Centributary Causes of importance: Lead of words would:	
12.	Industry or the work was SAW MILL 10 Date decease this occup year)	ork done, BOOKKEE pusiness in done, as S L, BANK, e d last wor pation (more yor town).	as SPINNER, PER, etc. which SILK MILL, etc. ked at nth and	11, Total sp oc	time (years) sent in this cupation	Other Contributory Causes of importance: Le Perstonates following function would: Personature	
12.	Industry or the work was SAW MtLI to Date decease this occup year)	ork done, BOOKKEE BOOKKEE done, as S L, BANK, e d last wor nation (mon try) LTVEV (city or to	as SPINNER, PER, etc. Which SILK MILL, etc. ked at nth and Maryls Scheetz.	11, Total sp oc	time (years) ent in this cupation	following fundor wound: Name of operations to the of plo of bate of	
FATHER	Industry or the work was SAW MILI Date decease this occup year) BIRTHPLACE (city (State or coun 13. NAME 14. BIRTHPLACE (State or Coun State or County S	ork done. BOOKKEE BOOKKEE BOOKKEE BOOKEE B	as SPINNER, PER, etc. which silk Mill, etc. ked at nth and Maryla Scheetz. wn) Penna.	11, Total sp oc	time (years) sent in this cupation	Following James Low Wound: Name of operation To the A Blood Bate of What test confirmed diagnosis? Color town Was there an autopsy? ?	
FATHER	Industry or the work was SAW MtLI to Date decease this occup year)	ork done, BOOKKEE DUSINESS IN A CONTROL OF THE CONT	as SPINNER, PER, etc. which silk Mill, etc. ked at nth and Maryls Scheetz. wn) Penna.	11, Total sp oc	time (years) sentin this cupation	Following Javislov Wound: Name of operations to the plood Date of What test confirmed diagnosis? Color for what there an autopsy? 2 23. If death was due to external causes (VIOL ENCE), fill In also the following?)	
12.	Industry or the work was SAW MILI Date decease this occup year) BIRTHPLACE (city (State or coun 13. NAME 14. BIRTHPLACE (State or Coun State or County S	ork done, BOOKKEE DUSINESS IN A CONTROL OF THE CONT	as SPINNER, PER, etc. which silk Mill, etc. ked at nth and Maryls Scheetz. wn) Penna.	11, Total sp oc	time (years) sent in this supation	Name of operations of the state of pate of what test confirmed diagnosis? Color town was there an autopsy? Accident, suicide, or homicide? The state of njury. 199	
MOTHER FATHER	Industry or the work was SAW MILL TO Date decease this occup year)	ork done, both done, as St., BANK, ed last work work try) Try Cy (city or to country) ME Ann (city or to country) Mr. and (city or to country)	as SPINNER, PER, etc. which sick Mill, etc. ked at nth end Maryla Scheetz. wn) Penna. hie M. Ca wn) Hary	11. Total sp oc	time (years) sent in this cupation	Name of operations and state of specify whether injury occurred in thousand specify whether injury occurred in thousand, and state of the specify whether injury occurred in thousand, in Home, or in Public Place.	
MOTHER FATHER	Industry or to work was SAW MILL TO Date decease this occup year)	ork done. BOOKKEE SUSINESS IN INCOME. USINESS IN INCOME. BOOK INCOME. OF THE STATE OF THE STATE OF THE STATE	as SPINNER, PER, etc. which sick Mill, sick. ked at nth and Maryla Scheetz. wn) Penna. nie M. Ca wn) Hary Harvey Scheetz. EMOVAL	ind	equation	Name of operations to the state of the state	
MOTHER FATHER	Industry or to work was SAW MILL TO Date decease this occup year)	ork done. BOOKKEE SUSINESS IN INCOME. USINESS IN INCOME. BOOK INCOME. OF THE STATE OF THE STATE OF THE STATE	as SPINNER, PER, etc. which sick Mill, sick. ked at nth and Maryla Scheetz. wn) Penna. nie M. Ca wn) Hary Harvey Scheetz. EMOVAL	ind	time (years) pent in this cupation	Name of operations to the state of the state	
MOTHER FATHER 17.	Industry or the work was SAW MILL TO Date decease this occup year)	ork done. BOOKKEE SUSINESS IN done, as S L, BANK, e d last wor ation (mon try) TYEY (city or to country) ME Ann (city or to country) Ir. I Point ON, OR R Cauls,	as SPINNER, PER, etc. which sick Mill, sick. ked at nth and Maryla Scheetz. wn) Penna. nie M. Ca wn) Hary Harvey Scheetz. EMOVAL	ind	ans. 6,, 19. 23	Helprung Javishov Wound Name of operation of the place of Date of Mass there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following of Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Share by Ba D Delecture.	

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Example I	[Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.		•	
Other contributory causes of importance:	· der vil i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	10 00581
County trederick =	Registration Dist. No. 147
Village of Chy Unionville = CP. f. D. nut	
(if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oharles & cheller	
(a) Residence: No. Pane	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jany = 30 = 102.3
- maniea,	(Year) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (a) WIFE of (b) WIFE of (b) WIFE of (c) WI	22. A I HER BY CERTIFY, That I attended deceased from
Margaret D. Scheller	Jan 30" 1933 to Jan. 31 % 1933
6. DATE OF BIRTH (month, day, and year) /852-8-10	I last saw h un aliva on fun 30 1938 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4 P m.
80 J 70 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada profession or particular	avban neumonica fan 24
kind of work done, as SPINNER arms (Letiscal) SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occuration (month and	1
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc.	
and occupation (month and	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Dallemore (State or country) Many land	
(state of country)	
13. NAME Uniteroffice -	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida?Oate of injury, 19
∑ (Stata or country) t₁	Whera did Injury occur?
17. INFORMANT Mrs. Margaret D. Scheller. (Addrass) R. F. D. M. T. any Tred-	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tuy lossville (acoty = 7 = 1 = 2 = 19 33	Natura of injury
le.m. Waltat,	24. Was disaasa or Injury In any way related to occupation of decaasad? To
19. UNDERTAKER (Addrass) I me field Mid.	if so, specify
12 31 22 nm 2100	(Signad) Otro T3. Stone
20. FILED Jan 11, 19 43 Registrar.	(Address) & writy town, Md.
Regimali	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH (11582
1. PLACE OF DEATH	(23)
county Frederick	Registration Dist. No. 3 7
Village or City State Sanatrum	No. Md St., Ward
Length of residence in city-or town where death occurredyrsbmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jaul J. Schl	ining, at 121
(a) Residence: No. 17 W. P. (Usual place of abode)	St., Ward State St., Ward State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of OCT. WIFE OF D. C. A. S. C.	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years) Off. 14 1906	lydd 50 ,1932, to 5 6 ,193 death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7:10 P. m.
26 2 0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER with the SAWYER, BODKKEEPER, etc.	Rulymonary Werculosis
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the property of the	
10. Date deceased last worked at this occupation (month and couples) 11. Total time (years) spant in this occupation 10 4/10	
12. BIRTHPLACE (city or town) Mary and . (State or country)	Dther Contributory Causes of importance:
	La cuerculous siomalius a
13. NAME W M A Children 14. BIRTHPLACE (city or town)	Name of operation. Date of the state of the
(State of country)	What test confirmed diagnosis? Chert Xray + Pos. Sputum Was there an au opsy? M
15. MAIDEN NAME Mary Kraft	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Laft 16. BIRTHPLACE (city or town) - Vh. d.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) 17 W. Pleston St. Balto. Md	Spicify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place D alb - Md. Date more party of the place of the pla	Manner of injury
19. UNDERTAKER M. L. C. Agger,	Neture of injury 24. Was disease or injury In any way related to occupation of decessed?
(Appless) Thurmouted ma.	If so, specify A. The second of the second o
20. FILED 1993. Registrar.	(Signed)/Suwar O - Svagger M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example 1I	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	-Gastroenteritie - Q	1 year
		107	

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor 1. PLACE OF DEATH CCI County Francherick Registration Dist. No. pluods 14. Market Ist item (If death occurred in a hospital or institution, give its NAME instead of street and number) B ds. Mow long to U.S. if of foreign birth? vrs. mos. PHYSICIANS Length of residence in city or town where death occurred. statement SCORD. (a) Residence: No. 20 If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 3 make (Oey) (Month) (Year) BINDING classified 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WifE of × 6. DATE OF BIRTH (month, day, end year) ertificate properly If LESS than 7. AGE Years Months Days to have occurred on the date stated above, at. FOR 1 day, hrs 8 The PRINCIPAL CAUSE OF DEATH and related causes of importence 15 or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. TION HIS RESERVED Jo back may 9. Industry or business in which plnous OCCUPA work wes done, as SILK MILL, Quent SAW MILL, BANK, etc. 10. Date deceesed last worked at 11. Totel time (years) this occupation (month end spent in this that GE vear) _____ occupation instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied. FATHER 13. NAME See Name of operation in plain (State or country) carefully MOTHER 15. MAIDEN NAME Qual 23. If death was due to external causes (VIOLENCE) fill in also the following: im portant Accident, suicide, or homicide? ______ Date of injury _____ 19__ DEATH Ma arulan (Stete er country) Where did injury occur?_ should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BUBIAL, CREMATION, Manner of injury WRITE CAUSE mation Neture of injury. LION 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify B (Signed) 20. FILED Registrat (Address) If more blanks are needed, address State/Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FES 6 1933			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Br. O.D. Brandfield.

W. S. No. 1	-	MARGIN RESERVED FOR BINDING	RES	ERVE	A	FOR B	INDING	8		(3)	(
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITT	I UNFADI	KG IN	K-TH	SII	IS A PI	SRMANENT	RECO	RD. Ever	v item of	infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully	supplied.	AGE 8	plnous	be :	stated I	SXACTL	Х. РН	YSICIAN	S should	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plai	in terms, so	that i	t may	be I	properly	classified.	Exact	statemen	tof OC	CUPA-
TION is very important. See instructions on back of certificate.	int. S	see instructi	ons or	back 1	of c	ertificate	ď,				

1. PLACE OF DEATH	OF MARYLAND—	U0584
County has san	.1.	Registration Dist. No. 1 3 U
Village or City & and	A [0.10	(62)
Village of City Co. N. O. V.	(II	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME	E trust	hila Julia III
(a) Residence: No.		St. Ward.
	(Usual place of ablode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 77 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 1933
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I altended deceased from
(or) WIFE of		
6. DATE OF BIRTH (month, day, and year)	ain 8# 1933	I last saw h alive on, 19; death is said
7. AGE Years Months	Days Af LESS than	to have occurred on the date stated above, at
Shel Hom	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Unlarge
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO Dato deceased last worked at this occupation (month and	11. Total time (years)	
this occupation (month and year)	spent in this	
7.7		Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Mus brus	
	9.1.	
	Juga	
4. BIRTHPLACE (city or town) (State or country)	1) 1	Name of operation Date of
	+ (1)	What test confirmed diagnosis? Was there an autopsy?
	wi o wy	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	and from my	Accident, suicide, or homicide?
)41 . 141	+11.11.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17, INFORMANT (Address)	mpay a my	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	4 0000	Manner of injury
Place	Data 19	Nature of injury
Marie		24. Was disease or injury in any way related to occupation of decoased?
19. UNDERTAKER (Address)		if sb, specify
	71 1 1 1 1 1 1 1 1 1 1 1	(Signed) T.Cly \ / Julan M. D
20. FILED 19.3.3	Registrar.	(Address) Zuelastora
If more		2411 N. Charles Street Baltimore, Requesting 7) S. No. 7



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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Hem of inforof OCCUPA-PHYSICIANS ECORD. Every -WRITE PLAINLY, WITH UNFADING IND. ILL. 12 Stated EXACTLY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED B.-WRITE PLAINLY, ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Barlineville	Registration Dist. No. No. R. J. S. Ward
2. FULL NAME (a) Residence: Np. (b) Consult A. A. C.	death occurred in a hospital or institution, give its NAME instead of street and number)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OP DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oether 815 /87/ 7. AGE Years Months Days If LESS than 1 day,hrs. ofmin.	to have occurred on the date setted above, at 1252 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and /6 ym spant in this year) 11. Total time (years) spant in this occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) Freedence Coly (State or country) 13. NAME 14. Amelian	Chrome My readilis
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comme S. Manning 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Elizabeth SEC Smith (Address) 1840 W Back St Back mag 18. BURIAL, CREMATION, DR REMOVAL Annel	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
19. UNDERTAKER More J. Tiekner y Sons (Address) 20. FILED Jan 24, 1933 Lucian J. A alconom. Registrar.	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

V. S. No. 1

ż

Village City Fire Control of the Con		CERTIFICATE OF DEATH 00586
Village City Final State College City of town where death occurred. Yrs. Mee. Length of residence in city or town where death occurred. Yrs. Mee. 2. FULL NAME. (a) Residence: No. 6 0 4 Charles College Co	× 1 . 0 . 0 . 0	Registration Dist. No. 151
2. FULL NAME. On John School State County (Justiples of abode) (a) Residence: No. 6 04 Solimetrates St., Sward. If nonresident give city or town and State (Justiples of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARKED, WIDOWED, OR BYGRCED (wind his wire) So. If murried, widowed, or divorced Core by Wife of Co	Village of City Frederick	No. 604 Holingharts St. 3 Ward
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white he word) A color of divorced HUSBAND HUSBAND 5. If married, widowed, or divorced HUSBAND HUSBAND 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Month Days HI LESS than I day, O. hrs. or J.	1 / 2/ 1/ 1/	ds. How long in U.S. if of foreign birth?mos ds.
3. SEX 4. COLOR OR RACE OR DIVENCED Comine the word) So. If marriad, widowed, or divorced HUSSAND OR DIVENCED Comine the word) So. If marriad, widowed, or divorced HUSSAND OR DIVENCED Comine the word) So. If marriad, widowed, or divorced HUSSAND OR DATE OF BIRTH (month, day, and yaar) T. AGE DATE OF BIRTH (month, day, and yaar) T. AGE Yaars Month Days If LESS than I day, O. Ins. OR O. J. min. S. Triade, probassion, or particular OR DIVENCED Comine The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance Well as Indiany Work was done as SIN K MILL. SAW WILL, BANK, WILL, BANK, WILL, SAW MILL, BANK, WILL, BANK, WIL		St., 3 Ward. If nonresident give city or town and State
Male Colored OR DIVRCED Cwrite the word) 5a. Il marriad, widowed, or divorced Cor) wife of Cor Or	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND Of (or) WIFE of 8. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Morthy Days If LESS than I day, hrs. or min. 8. Trade, profassion, or particular or or min. 8. Trade, profassion, or particular or or min. 8. Trade, profassion, or particular or or min. 1 day, hrs. or min. 1 the PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows: Date of where as follows: Date of where as follows: 12. BIRTHPLACE (city or town). (State or country) Many Country M	Mosle Colored OR DIVORCED (write the word)	lan. 2 1933
7. AGE Yaars Months O O O O O O O O O O O O O	HUSBAND of	22. I HEREBY CERTIFY. That I attanded deceased from
7. AGE Yaars Monthy O O O O O O O O O O O O O	S DATE OF BIRTH (month day and year)	I last saw h alive on 19 daath is said
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWTER, BONKEPER, etc. 3. Industry or businass in which work was done, as SPINNER, SAWTER, BONKEPER, etc. 10. Date deceased last worked at this occupation (month and years) spant in this occupation (month and years). 12. BIRTHPLACE (city or town) Professional State occupation (State or country) Many and State occupation (State occupation) (State occupation) Many and State occupation occupation of injury (State occupation) Many and State occupation of injury Nature of injury	7. AGE Yaars Months Days If LESS than 1 day, O hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
12. BIRTHPLACE (city or town) Greederich (State or country) Manyland (What test confirmed diagnosis? Was there are autopsy? (State or country) Manyland (Specify city or town, country and State) (Specify whether Injury occur? (Specify city or town, country and State) (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT State of Injury Manyland (Specify city or town, country and State) (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Mature of Injury Mature of Injury Mature of Injury In any way related to occupation of daceased? If so, spacify (Signed)	8 Trade profession or particular	wera as follows: Data of onset
12. BIRTHPLACE (city or town) Freedomich (State or country) Manyland 13. NAME Someth Someth Name of operation Date of State or country) Manyland What test confirmed diagnosis? Was there are autopsy? 15. MAIDEN NAME of the state of the st	work was done, as SILK MILL, SAW MILL, BANK, atc	Still bom
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Oda Orvers 16. BIRTHPLACE (city or town) Trockerich of (Stata ar country) Research of (Stata ar country) Research of (Stata ar country) Research of (Specify city or town, country and State) 17. INFORMANT Of REMOVAL Place Transcrew Date form 3, 1933 18. BURIAL, CREMATION, OR REMOVAL Place Transcrew Date form 3, 1933 19. UNDERTAKER Thomas T. Toice (Addrass) 19. UNDERTAKER Thomas T. Toice (Addrass) 20. FILED January 1988 Days Meelenship (Signed) 21. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or Injury in any way related to occupation of daceased? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether Injury occurr	year) occupation 12. BIRTHPLACE (city or town) Freederick	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata ar country) (Stata ar country) (Stata ar country) (Address) Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida? Date of injury (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of Injury 19. UNDERTAKER Thomas I. Toice (Addrass) 18. So, spacify (Signed) (Signed)	I 13. NAME Charles Sonith	
15. MAIDEN NAME Oda Onvers 16. BIRTHPLACE (city or town) Rederich Oa Accident, suicida, or homicida? Date of injury	14. BIRTHPLACE (city or town) Natherswelle (State or country) Marseland	
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(Addrass) Frederick It so, spacify (Signed).		
20, FILED J. Christian 190 D. Ostal Michael		
	20. FILED 3. January 193 B doraf meenle	Too de a car son

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Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FFD C 1893	July 5,1927	Perilonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	Example I	i i	Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HERONICA I	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 3 1003	July 5,1927	Peritonitis	3 days ago
	RURHAU V 8			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATI	E OF MARYLAND-	CERTIFICATE OF DEATH	0588
		17-0	58
County Frederic		Registration Dist. No.	2 "
Village or Sity Name		No. St., f death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town 2. FULL NAME (a) Residence: No. PERSONAL AND STA		s18_ds. How long in U.S. if of foreign birth?yrs	.mos:ds.
2. FULL NAME Sager (a) Residence: No.	hall and a second control of the con		
(a) Residence: No.	ear Reels Mell		10.
PERCONAL AND STA	(Usual place of abode) TISTICAL PARTICULARS	If nonresident give city or town a	
3. SEX 4. COLOR OR RA		21. DATE OF DEATH	
Male White	OR DIVORCED (write the word)	(Dey)	193.3 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attend	ed decaesad from
	1 1 1000	I last sew h elive on 19	: deeth is seld
6. DATE OF BIRTH (month, day, and yeer 7. AGE Yaars Mor		to have occurred on the date steled ebove, et 5-09 Cm.	and deeple to seld
0 6	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
9 1 4	- 01222222111111	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BODKKEEPER, etc.	ER, None	Drude when called	
SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.		pushally died of	
SAW MILL, BANK, etc	11. Total time (yeers)	A Line	Quantities of
O Deta daceased lest worked et this occupation (month and year)	spent in this occupation	Tarana Ja Carrolla) Janes
		Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) No.	land		
1 0 1	6. Walters		
13. NAME Google 14. BIRTHPLACE (city or town)	vederick loo	Name of operation Dete of	
(State or country)	reland	Whet test confirmed diagnosis?	
15. MAIDEN NAME Coathe	Line A. Toberse.	23. If death was due to externel causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME (Stelle or country)	ederick loo	Acciden1, suicide, or homicide? Date of Injury	, 19
(Stete er country) Ma	yland	Whera did Injury occur?	
17. INFORMANT Hord Sea (Address) Near The	G. Walters	(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL CREMATION, DR REMOVAL	The state of the s	Manner of injury	
Place Not Carme	l 6 mate fan 5 ,1933	- Neture of Injury	
19. UNDERTAKER Thomas (Address) To-design	1. Time	24. Was disease or injury in any way related to occupetion of decaesed?	
20. FILED Jan, 4, 19330	Lucian & Falones. Registrar.	(Signed) Bolomana (Address) Bolomana	2md M. D.
4		, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

MARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUERAU W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

37.93. O. Thomas.

OF

CAUSE mation

LION

RECORD.

(State er country) (Address) / 8-0

18. BURIAL, CREMATION, OR REMOVAL

(Address) 20. FILED 23 -

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury_.

24. Was disease or injury in any wey related to occupation of decessed? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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			 	 	40	Steading	-
TO	100	a amam lata	 occupation	 	whater	_	

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State

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Example I	E	Example II	
The principal cause of death and related caus of importance were as follows:	ses (Date of Sheet	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	0 47 F		
green contributory causes of importance:	E E	Other contributory causes of importance:	
llstones	Mag 1 1933	Gastroenteritis	1 year
	OKI :		

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	00030
County Frederick	Registration Dist. No. 138
Village or city Bartonsville	No. St. Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)
10 , 08 11-21	os. 13 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Warref E. West	
(a) Residence: No. Dartonswille	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 13 1933
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decaesed from
	/- // - ,1933 , to /- /3 - ,1933.
6. DATE OF BIRTH (month, day, and year) Nov 1 1932	I last saw him elive on /= /2 , 1933; death is said
7. AGE Yaars Months Deys If LESS then	to have occurred on the date stated above, at 2
0 2 /3 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Bronchiel Presumones 1/1/15
work was done, as SILK MILL, SAW MILL, BANK, atc.	fronched Freumones /1/23
10. Dete deceesed last worked et 11. Total time (yeers)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Bartonsville	Other Contributory Causes of importanca:
(State or country) Manyland.	Bronchiti:
13. NAME Haymand West	
13. NAME Roymand Nest 14. BIRTHPLACE (city or town) Frederick Garage	Nama of operation
(State or country) Masnyland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cotta Brown	23. If daath wes dua to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Forederich 60	Accident, suicida, or homicide? Date of Injury19
E (State or country) Maryland	Whare did injury occur?
17. INFORMANT Togymond West	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Bartonsville Med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bastonswille Data an 14, 1983	Nature of injury
19. UNDERTAKER Thomas To Taice	24. Was diseesa or Injury In eny way related to occupation of decaased?
(Address) Frederick	If so, specify
20. FILED Jan 13, 1933 Lucian R. Falconer	(Signad) (Saure M. D.
Registrar.	(Address) Hideracle, Ma

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TERAU V.B.			2 /
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

m. Baume.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00591
1. PLACE OF DEATH	96
County Frederica	Registration Dist. No. 177
Village or City thurmany	No. St., Ward
Length of residence in city or town where death occurred year	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Organs Spatielle	Mile
(a) Residence: No. Thurpus	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale white Stronger	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. J'HEREBY CERTIFY That i ettended deceesed from 1932 to face 19 33
6. DATE OF BIRTH (month, day, end year) Alec 3rd 1857	i last saw here alive on fand 19 , 1993; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. C.m.
76 10 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
- 8 Trade profession or particular	Internal Henrowhage 1/19/33
kind of work done, as SPINNER, Jousepool	from artie aneurine
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(CAbdominal)
10. Date deceased last worked at this occupation (month and last 1/950 spent in this occupation year)	***************************************
12. BIRTHPLACE (city or town) Franchisch (Stata or country)	Other Contributory Causes of importance:
E	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Sarah J. Sarber 16. BIRTHPLACE (city or town) Suffolio (State or appetrs)	23. If death was dua to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Whera did injury occur?
17. INFORMANT Elley has white	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Franklin Ta Date fan 23, 1253	Natura of injury
19. UNDERTAKER M L Creage than (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan, 20, 1933 toma M. Jones	(Signed Morris h. Grey M.D.
Registrar.	(Address) / Account of the d

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SER (0 190)	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EERT Q D	707		
Other contributory causes of importance:	area.	Other contributory causes of importance:	
Gallstones	May 1,1925	Gastroenteritis	1 year
	37/		

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH OCCI Registration Dist. No. / 3/ should Every item of Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? statement offless St. 4 RECORD. (a) Residence: No. - Z Ward. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 3. (Year) CTL miral (Month) BINDING 5a. If married, widowed, or divorced **HUSBAND** of 22. . That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) H certificate. properly 7. AGE Years Days If LESS than Months FOR to have occurred on the data stated 1 day, hrs. The PRINCIPAL CAUSE OF SEATH and retated causes of Importance 3 06 or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION MARGIN RESERVED THIS kind of work done, as SPINNER CALLS.
SAWYER, BOOKKEEPER, etc. 1-23-37 back may 9. Industry or business in which plnods work was done, as StLK MILL, SAW MILL, BANK, etc..... 11. Total time (years) \$5 no 10. Date decaased last worked at this occupation (month and that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER Name of operation plain (Stata or country) efully What test confirmed diagnosis?_. Was there an autopsy? MOTHER portant. 15. MAIDEN NAMES 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury _____ 19_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_ VA.Im! (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. should (Address) 2.15 OF Ve 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation LION Nature of injury 24. Was disease or injurwin 19. UNDERTAKER (Address) If so, specify (Signad) 20, FILEDOLY - January 192 3 Registrar. (Address) If more blanks are needed, address Mate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation Precise statement of occupation is very important, so that the relative healthfulness of
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To be complete, an occupation return must state:	4 44
8.—The trade, profession, or particular kind of work done.	Po Po
- Ine industry or business in which the work was done.	
The month and year the deceased last worked at the occupat	tion.
11.—The number of years the deceased followed the occupation.	2 4

In the particular kind of work done and return that, as spinner, weaver, etc. "worker," "operative," ctc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car A A V A A A A	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	850F 3 GTT를 취임하		
	Other contributory causes of importance:	100	
May 1,1923	Gastroenteritis	1 year	
OR FURTH	ER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis OR FURTHER STATEMENTS BY PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example In IVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritistic REAU V. &.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

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Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE -	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1939	July 5, 1927	Peritonitis	3 days ago
	BUREAU V 9			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

(131)	
Registration I	Dist. No. 1 4 7
sie No France	CA Word
leath occurred in a horpital or institution, give its NAME	instead of street and number)
ds. How long in U.S. if of foreign birth?	
V	
St., Ward.	give city or town and State
MEDICAL CERTIFICATE	
21. DATE OF DEATH	OI BEATH
	= 4 2 100 1
/1 //	(Day) (Year)
22. Sup 14 HEREBY CERTIFY 1982, to Jan 1 last saw h 11 ative on Jan 4	Y. That I attended deceased from
Jept 14 , 182, to Ja	an 4 , 1923
I last saw her ative on Jan 4	1933; death is said
to have occurred on the date stated above, at 514	O.P. m.
The PRINCIPAL CAUSE OF DEATH and related cause	
were as follows:	Data of open
6hr. Introtical	
arterio - Seles	was .
myocarditio	
Othar Contributory Causes of importance:	0 . 6 0
Chi. Farris	Congration the MI

Nama of operation ?	Date of
What test confirmed diagnosis?	Was there an aulopsy?
23. If death wes due to external causes (VIOL ENCE) filt	in also the following:
Accidant, suicide, or homicide?	
Where did injury occur?	rata of mjuly 13
(Specify city or t	town, county and State)
Specify whethar injury occurred in INDUSTRY, in HOM	WE, or in PUBLIC PLACE.
Mannar of injury	
Nature of injury 760714	
24. Was disease or injury in any way related to occupa-	tion of decaased?
If so, spacify	
(Signad) & Blanky	stell M.D.
(Addess)	sairy Inf

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Jo	nld	CC	
item	sho) jo	
RD. Every	YSICIANS	statement	
1007	. PH	Exact	
PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
IS A PE	stated E	properly	ertificate
HIS	pe	pe	of o
INK-T	E should	at it may	very important. See instructions on back of certificate.
DING	. AG	so th	action
UNFA	pplied	terms,	instri
H	ly su	lain	See
-	reful	in p	ant.
NLY,	be cal	H	Mpfort
PLAT	pinou	OF DE	very i
F-3	760		

STATE OF MARYLAND—CERTIFICATE OF DEATH

60	60	0 1	0	0.00
U	U	1)	J	6

1. PLACE OF DEATH	940	
County Tre devels	Registration Dist. No. /3/=	
	No. St., f death occurred in a horpital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mas Casabelle Wisen	a.e.	
(a) Residence: No. (Usual place of abode)	X., St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Lucile Or Divorced ("write the word)	21. DATE OF DEATH 2 26 ,193 (Month) (Day) 193	3 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on a last saw h 19.33; deel	th is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.13 M.m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
85; Mulipuour or min.	I was as follows:	s of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	anama delives la	-1/-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	arter seles	933
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 22		
12. BIRTHPLACE (city or town) Maryland (State er country)	Other Contributary Causes of Importance:	
# 13. NAME William Bowlus	arlew Selevores 4	eare
13. NAME William Bowline 14. BIRTHPLACE (city or town) Maryland	Name of operation	
(Stete of Confirty)	Whet test confirmed diagnosis? Wes there an autops	y?
15. MAIDEN NAME Wary Suntle 16. BIRTHPLACE (city or town) Wary a (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	19
17. INFORMANT Campo . a. Sure Sunt. (Address) Anonterne tous ned. K. Sud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Synthesis Cempley Date Jan 27, 1938	Menner of injury	
19. UNDERTAKER Billte Bros. (Address) Augusticle, A.S.	24. Was disease or Injury in any way related to occupation of deceased?	7
20. FILED & January & 3 Oras melind; Registrar.	(Signed) (Address) Anderset, Ind.	M. D.
If more planks are needed, address Sease Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		W 1691 A 834	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. ION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be GAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

County Village or City	Peternel	Registration Dist. No. 14	-/
Length of residence in city or lown whara da	(1	death occurred in a hospital or institution, give its NAME instead of street at	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town is	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	l
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH Jac (Month) (Day)	, 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That Lattend	
6. DATE OF BIRTH (month, dey, and year)		I last saw h alive on 19	; death is
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	. a a y doden to
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Home world	were as follows:	Date of
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc		Organic Heart	
10. Date decaasad last worked at this occupation (month and year)	11. Total time (yeers) spant in this cocupation		
12. BIRTHPLACE (city or town) (State or country)	-	Other Contributory Causes of Importance:	
13. NAME			
14. BIRTHPLACE (city or town)		Neme of operation Date of	
(Stete or country)		What tast confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Ind	23. If daath was due to external causes (VIOLENCE) fill in also the follow Accident, suicida, or homicide? Dete of injury Where did injury occur?	ving:
17. INFORMANT Question (Address)	Nove	(Specify city or town, county and Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 74 4 , 1933	Manner of Injury	
19. UNDERTAKER (Addrass)	el Hou	24. Wes disease or Injury In any way related to occupation of deceased? If so, spacify	The o
20. FILED Feb 3 , 1932 M	vo. 18 S. Adge	(Signed) CAddrass) Received acree	Sul

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EURMAU	V27-2011		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		Registration Dist. No. / 3 2
County reduces?	· Aa	Registration Dist. No
Village or City		No. St., Ward death occurred in a bospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
Length of residence in city or town where deat	h occurredyrsmos	
2. FULL NAME & oug X	vaine Jour	famo
(a) Residence: No. (1) m	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
remale white	single	(Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	No.	Jan 6 , 19.3 3, to Jan 16 , 19.3 3
6. DATE OF BIRTH (month, day, and year) Jun	n W 1933	Hest sew h. ev alive on Jan 106 ,19.33; deeth is sale
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at _5_Am.
	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profession, or perticular		Viemalure Buch 7 ms Jan 6
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Malsantratrain
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MtLL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month end		Introduced observation Jane
Date deceased last worked at this occupation (month end	11. Total time (years) spent in this	
year)	occupation	Other Cuntributory Causes of Importance:
12. BIRTHPLACE (city or town) . 63m/h. 17	will my	
(State or country)	do 1	
13. NAME Clarence you	Muns	
13. NAME Clarence your 14. BIRTHPLACE (city or town)	ref	Name of operation Date of Date
(State of country)	.10	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Parelyn Bee	inter	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	/ 	Where did Injury occur?
E 120	a that	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	H. mel	Specify whether this becauted in the both, in terms, or the board to the
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place Tourst valley mel	Date 2 1933	- Neture of injury
Attacks ha		24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	6 md	If so, specify
10 - 12	as employed	(Signed) a Jarloy Boise: M.
20. FILED Occe. (. b, 19.3. D. L.) (1)	Registrar.	(Address) Jelsenson Mg.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FER F 19	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURNIATT	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for authoristion to	Cleana	dote	01	berth	Rep	Croth
	-		0			
Certificals						

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	STATE	OF MAR	YLAND-	CERTIFICATE	OF DEAT	H		
1. PLACE OF				9200				
	rederick				Registration Dist	. No. 12/		
Village or Cit	y Frederick			No.		St.,	Ward	
Length of reside	ence in city or town where	death occurred 4		f death occurred in a hospital or instit sds. How long in U.S. if			ds.	
2. FULL NAM	ME Mrs. Amar	nda Meles	sia Zimmer	man				
(a) Residence	e: No. W. Patri	ick St Ex	td.	St., Ward.				
		(Usual place	of abode)		If nonresident give	city or town and State		
	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	CERTIFICATE O	F DEATH		
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH				
Female	white	Divor		J	an 2	(Day) , 193 . (Yes) er)	
5a, If married, widower HUSBAND of		7 •				T		
(or) WIFE of	Edward J.	Zimmerma	n	22. MIHEREB	193 10 4	That I attended deceased	32	
C DATE OF DIDTH (m	nonth, day, and year) US	n. 51 19	67	I last saw h. Co alive on Q	1. In Jun	19.53 deeth i	a spid	
7. AGE Years		Days	If LESS than	to have occurred on the date stat	led above at 47.5A		2 2410	
65	9 11	27	1 day, hrs.	The PRINCIPAL CAUSE OF DEA				
8 Trade profess	ion, or perticular	1 21	ormin.	were as follows:	Valant	ha Date of	onset	
NO SAWYER, E SAWYER, E SAWYER, E SAW MILL SAW MI	rk dono as SPINNER	lousewife		No VIII	1000	19	X)	
9. Industry or bu	usiness in which	t Home		Honel	Become	4		
SAW MILL	, BANK, etc			Matral	Kyrania	has		
- tina occupa	ation (month and Nov .	32 11. Total t	ime (years) nt in this 40	10000	// //			
year)		0031	pation	Other Contributory Causes of imp	portance:	1 31)	
12. BIRTHPLACE (city	or town)laryla	nd			31/1	WAR I A		
(State or count	ry)			- Comecing your				
13. NAME COL	rnelius A. St	aley				1		
14. BIRTHPLACE ((city or town) Mary	land		Name of operation		Date of		
(State of C				What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAM	E Mary Measel	1.		23. If death was due to external ca	iuses (VIOL ENCE) fill In	also the following:		
5 16. BIRTHPLACE (and.		Accident, suicide, or homicide?	Date	of injury		
(Stete or country)				Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT M	r. Bernard Zi	mmerman.	· · · · · · · · · · · · · · · · · · ·	Specify whether injury occurred i	in INDUSTRY, in HOME,	or in PUBLIC PLACE.		
(Address)	Frederick, ld							
Place Mt. Dlivet Comperredate Jan. 4, 1932			Manner of injury					
			19.04	Nature of injury				
19. UNDERTAKER M. R. Etchison & Son.			24. Was disease or injury in any	way related to occupation	of degreesed?			
(Address) Frederick, Md.			If so, specify	To No	41-1			
20. FILED 2 - Jaum	eny 1988 8 da	alm	recurd	(Signed)	Lupta	17.	.M. D.	
		1	Registray.	(Address)	neduces	4 /M		
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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PERSONAL PROPERTY OF THE PROPE					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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